

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32245**

FILED SEP 18 1957

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3872** Registrar's No. **177**

0972
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARSHALL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PRYTOWN SALT POND TWP. 0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION FITZ GIBBONS HOSPITAL		d. STREET ADDRESS (If rural, give location) 1 1/2 MI. NORTH EAST OF EMMA, MO	

3. NAME OF DECEASED (Type or Print) a. (First) TILLIE b. (Middle) HINCK c. (Last) HINCK			4. DATE OF DEATH (Month) (Day) (Year) SEPT 15 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	
8. DATE OF BIRTH OCT. 19, 1900		9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPING	
11. BIRTHPLACE (State or foreign country) SWEET SPRING, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN C. FOSTER	
13b. MOTHER'S MAIDEN NAME SOPHIE DRIVER		14. NAME OF HUSBAND OR WIFE HENRY HINCK DECEASED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME MRS WM DRIVER		ADDRESS SWEET SPRING, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 10 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease			
DUE TO (c)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov 1950** to **14 Sept, 1951**, that I last saw the deceased alive on **14 Sept, 1951** and that death occurred at **3:20pm.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph H. Jones (Degree or title) M.D.		23b. ADDRESS Sweet Springs, Mo.		23c. DATE SIGNED 15 Sept 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 17, 1951		24c. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEMETERY	
24d. LOCATION (City, town, or county) EMMA		24e. STATE MO		25. FUNERAL DIRECTOR'S SIGNATURE E. A. James ADDRESS Concordia, Mo	
DATE REC'D BY LOCAL REG. Sept 15-16 1951		REGISTRAR'S SIGNATURE Ridney Gray 385			

RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-17-51 _____

OCT 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Mr

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed E. S. Janna

Licensed Embalmer No. 2058

P. O. Address Crossland, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.