.S. No. 300
EV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1952

State File No. 260

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY Buchanan 017
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION 1809 Mitchell Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 017
d. STREET ADDRESS (If rural, give location) 1809 Mitchell Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Floyd b. (Middle) Francis c. (Last) Hines

4. DATE OF DEATH (Month) Jan. (Day) 27, (Year) 1952

5. SEX M. 6
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH August 29, 1941
9. AGE (In years last birthday) 10 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. D
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Floyd Hines
13b. MOTHER'S MAIDEN NAME Laura Cook
14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT'S SIGNATURE OR NAME Floyd Hines **ADDRESS** St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bantis Disease — INTERVAL BETWEEN ONSET AND DEATH 6 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 2980
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-23, 1951, *to* 1-27, 1952; *that I last saw the deceased alive on* 1-22, 1952, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Clifford L. Steidley DO (Degree or title)
23b. ADDRESS 801½ Francis St
23c. DATE SIGNED 1-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 29 /52
24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24d. LOCATION (City, town, or county) St. Joseph, Mo. (State)

DATE REC'D BY LOCAL REG. Jan 29, 1952
REGISTRAR'S SIGNATURE Carl C. Cadle 446
25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry **ADDRESS** St Jo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... Student Embalmer No. ——, working under my personal supervision.

Student .....
Student Embalmer

Signed Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph mo.

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.