

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
1301
353

FILED FEB 9 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>353</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Miami</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>8 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisburg</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2312 Lister</u>				d. STREET ADDRESS (If rural, give location) _____						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Ann</u> c. (Last) <u>Hink</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 - 1952</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 28, 1881</u>		9. AGE (In years last birthday) <u>70</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Harrisonville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert L. Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Nettie Deaton-Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Lucas Hink</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Hink</u>		ADDRESS <u>2312 Lister N.C. Mo.</u>				
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) <u>Carcinomatosis undetermined</u> 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. <u>generalized atherosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1998</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Jan 5, 1952</u> , to <u>Jan 22, 1952</u> , that I last saw the deceased alive on <u>Jan 21, 1952</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>H.A. Underwood</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4712 1/2 E. 24th K.C. Mo</u>			23c. DATE SIGNED <u>1-23-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Louisburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisburg, Miami Kansas</u>					
DATE REC'D BY LOCAL REG. <u>1-23-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u>		ADDRESS <u>Louisburg, Kansas</u>			

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.

Signed Walter B. Rumpson

Signed
Student Embalmer

Licensed Embalmer No. 3222

P. O. Address Louisburg Kansas

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.