

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1784

State File No.

FILED FEB 1 1952

REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson					
b. CITY OR TOWN Hillsboro		c. LENGTH OF STAY (in this place) Yrs.		c. CITY OR TOWN Hillsboro		1500			
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l. Delivery				d. STREET ADDRESS (If rural, give location) Gen'l. Delivery					
3. NAME OF DECEASED (Type or Print) a. (First) Nicholas			b. (Middle) Leonard		c. (Last) Hiney		4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 26, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hour	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Washington, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Mack Hiney			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Edyth Hopson Hiney				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 327-07-2345		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Hiney, Hillsboro, Mo.				ADDRESS	
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, asthemia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chronic cause undetermined.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 4222				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) m.		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 Dec 1950 to Jan 23, 1952 that I last saw the deceased alive on Dec 19, 1951 , and that death occurred at 2:40 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Thomas A. Dornell M.D.				23b. ADDRESS Desoto, Mo		23c. DATE SIGNED 1-24-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/25/52	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Park		24d. LOCATION (City, town, or county) (State) De Soto Mo.				
DATE REC'D BY LOCAL REG. 1-25-52		REGISTRAR'S SIGNATURE Haskell Mersden		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathurhead		ADDRESS De Soto, Mo.			

FEB 28 1932
MAR 6 1932

FEB 1 1932

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.