

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20497**
2587

JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 55 YEARS		2078	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 1245 WEST-67TH STREET	

3. NAME OF DECEASED (Type or Print) a. (First) GUY b. (Middle) WHIPPLE c. (Last) HINSEN			4. DATE OF DEATH (Month) (Day) (Year) JUNE-7-1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAR. 22-1897		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) K.C. BOARD OF TRADE - PIT BROKER		10b. KIND OF BUSINESS OR INDUSTRY GRAN		11. BIRTHPLACE (City and State or Foreign Country) WELLINGTON, KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME PHILLIP W. HINSEN		13b. MOTHER'S MAIDEN NAME MARTHA VAN LANGHAN		14. NAME OF HUSBAND OR WIFE MRS. MADELINE THERESA HINSEN	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. MADELINE THERESA HINSEN ADDRESS 1245 W. 67TH ST. KANSAS CITY, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		DUPLICATE			
ANTECEDENT CAUSES		DUE TO (b) Coronary occlusion			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Congestive heart failure			6 10X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					6

19a. DATE OF OPERATION 5/13/52		19b. MAJOR FINDINGS OF OPERATION Hypertrophy of the prostate			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 Oct. 14, 1947, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 11:56 Am., from the causes and on the date stated above.

23a. SIGNATURE H. P. Boughnau (Degree or title) M.D.		23b. ADDRESS 315 Nichols Rd., Kansas City, Mo.		23c. DATE SIGNED 6/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 10-1952		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE 10 W. Newcomer's Lane ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			
DATE REC'D BY LOCAL REG. 6-9-52		REGISTRAR'S SIGNATURE Geraldine Holmes			

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

3.4
2260 Kings Medical Bldg.

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 Edward M. Stung

Licensed Embalmer No. 4452

P. O. Address K. C. 4 W.

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.