

FILED JUL 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23646**

BIRTH NO. _____		REG. DIST. NO. <b>34</b>		PRIMARY REG. DIST. NO. <b>5117</b>		Registrar's No. <b>10</b>	
1. PLACE OF DEATH a. COUNTY <b>Boone</b> b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Cedar</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hartsburg R.F.D.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Cedar 0157</b> d. STREET ADDRESS (If rural, give location) <b>Hartsburg R.F.D.</b>			
3. NAME OF DECEASED (Type or Print) <b>Bessie</b>		a. (First) <b>Hinshaw</b>		b. (Middle) _____		c. (Last) _____	
4. DATE OF DEATH <b>July-3 1952</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 22 1886</b>		9. AGE (In years last birthday) <b>66</b>		10. MONTH <b>3</b> DAY <b>11</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Galas Bladsoe</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Tolson</b>		14. NAME OF HUSBAND OR WIFE <b>Walter Hinshaw</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>✓</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Walter Hinshaw</b>		ADDRESS <b>Hartsburg Mo</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> Morbidity 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 <b>none</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? <b>42-1</b>		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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19 <b>52</b> , to <b>July</b> , 19 <b>52</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>E. P. Meigs M.D.</b> (Degree or title) _____				23b. ADDRESS <b>Hartsburg Mo</b>		23c. DATE SIGNED <b>7/4/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-6-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bonds Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Hartsburg Mo RFD</b>	
DATE REC'D BY LOCAL REG. <b>7/4/52</b>		REGISTRAR'S SIGNATURE <b>Mrs. Mildred Burnett</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. L. Burnett</b> ADDRESS <b>Asksland Mo</b>			

(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

*W. L. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Ashtland 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.