

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **24777**
Registrar's No. **136**

AUG 9 - 1952

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **424**

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 Oak Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 210 W. Independence Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Allen McGraw residence			

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Ellen c. (Last) Hinton			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1952		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	
8. DATE OF BIRTH June 20, 1869		9. AGE (In years last birthday) 83		10. KIND OF BUSINESS OR INDUSTRY self employed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Benton County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Wm. J. Mitchener		13b. MOTHER'S MAIDEN NAME Ellen Huffman		14. NAME OF HUSBAND OR WIFE Milton Hinton (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Clifton Hinton, 1812 Overton, Independence	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		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 None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		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 July 20, 1952, to July 20, 1952, that I last saw the deceased alive on July 20, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.					

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Oak Grove, Mo.		23c. DATE SIGNED 7-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/26/52		24c. NAME OF CEMETERY OR CREMATORY Blue Springs	
		24d. LOCATION (City, town, or county) (State) Blue Springs, Mo.			

DATE REC'D BY LOCAL REG 7-25-52		REGISTRAR'S SIGNATURE Donald R. Earnshaw		378-0	
		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson		ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

480

480

AUG 4 REC'D

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.