

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

State File No. **25122**

**ED AUG 14 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **3044** Registrar's No. **37**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Miller 0661</b>	b. CITY OR TOWN <b>Excelsior</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Pittsburg</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)	
<b>3 yrs.</b>		<b>Excelsior 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Schneider Nursing Home</b>		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>IDA</b>	a. (First) <b>IDA</b>	b. (Middle) <b>-</b>	c. (Last) <b>HINKEL</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 27 1952</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 23, 1865</b>	<b>9. AGE</b> (In years last birthday) <b>86</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>California, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Reinhold Hecht</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Alma Hessel</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Geo. W. Hinkel</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. I. J. Schneider</b>	<b>ADDRESS</b> <b>Excelsior</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 day</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Bronchopneumonia</b>	<b>ANTECEDENT CAUSES</b> Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Hypertensive heart disease</b>		
	<b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>443x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 5-26, 1952, to 7-27, 1952, that I last saw the deceased alive on 7-26, 1952, and that death occurred at 1 1/4 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Carl J. Buehler, M.D.</b>	<b>23b. ADDRESS</b> <b>Excelsior Mo.</b>	<b>23c. DATE SIGNED</b> <b>7-28-52</b>
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<b>24a. BURIAL, CREMATION REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>July 28, 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Crown Hill</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Excelsior Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>July 28, 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Alvarotta Walt</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Louis N. Phillips</b>	<b>ADDRESS</b> <b>Excelsior</b>
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(Licensed Embalmer's Signature on Reverse Side)

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

No. 300  
10-48

RECEIVED

1912  
MILLED  
HEALTH

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Cedar

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.