

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

25438

State File No. ....

FILED AUG 12 1952

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 6022 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Ray 0890</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray 0890</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rayville</u>		c. LENGTH OF STAY (in this place) <u>38 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rayville</u>		d. STREET ADDRESS (If rural, give location) <u>Street not listed</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not listed</u>			d. STREET ADDRESS (If rural, give location) <u>Street not listed</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>Ewendelyn</u> c. (Last) <u>Hinds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5 1912</u>	9. AGE (In years) (Months) (Days) <u>40 1 23</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>Housewife</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William O. Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Effie M. Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Jewell Hinds</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jewell Hinds, Rayville, Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon + Bladder</u>	ANTECEDENT CAUSES				18 mos.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				4 days
DUE TO (b) <u>Artemic Poisoning</u>	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 <u>153X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	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 <u>Aug 15, 1951</u> , to <u>July 30, 1952</u> that I last saw the deceased alive on <u>July 30, 1952</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Deputy or title) <u>Dr. E. Q. Roman</u>			23b. ADDRESS <u>Richmond, Mo</u>		23c. DATE SIGNED <u>8/1/52</u>
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Old Union</u>	24d. LOCATION (City, town, or county), (State) <u>Ray County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 5, 1952</u>	REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>2424-112 FUNERAL HOME</u>	ADDRESS <u>Richmond, Missouri</u>		

SEP 18 1952

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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 *[Signature]* .....

Licensed Embalmer No. *4866* .....

P. O. Address *[Signature]* .....

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.