No. 200
10.4

FILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26870
Registrar's No. 197

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6121

1. PLACE OF DEATH
a. COUNTY: Shannon 1010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birch Tree, Mo
c. LENGTH OF STAY (In this place): 70 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shannon 1010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birch Tree, Mo
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Amos
b. (Middle): H
c. (Last): Hime

4. DATE OF DEATH (Month) (Day) (Year): July 5 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 28
9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Shannon Co Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William B Hime
13b. MOTHER'S MAIDEN NAME: Mary I Bradley
14. NAME OF HUSBAND OR WIFE: Della F Hime
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Della F. Hime Birch Tree, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
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: 331 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1950, to July 4, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE: C. E. Sharp (Degree or title): D.O.
23b. ADDRESS: Winona Mo
23c. DATE SIGNED: 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8 52
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem.
24d. LOCATION (City, town, or county) (State): Birch Tree, Mo

DATE REC'D BY LOCAL REG.: 7-26-52
REGISTRAR'S SIGNATURE: Maurice Collins 447
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duncan Funeral Home Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 19 1953

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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt View 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.