S. No. 300
V. 10.48

FILED SEP 8 - 1952

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

State File No. 27205

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 929

**1. PLACE OF DEATH**
a. COUNTY: Buchanan 0117 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 2hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan 0110
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Agency Rural 1
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

**3. NAME OF DECEASED** (Type or Print): a. (First) Charles b. (Middle) H. c. (Last) Hines

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 29 1952

**5. SEX**: male (1)

**6. COLOR OR RACE**: white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed 2

**8. DATE OF BIRTH**: April 8, 1884

**9. AGE** (In years last birthday): 70 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**: Farming

**11. BIRTHPLACE** (State or foreign country): DeKalb Co. Mo. 0

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John R. Hines

**13b. MOTHER'S MAIDEN NAME**: Martha Ann Courtney

**14. NAME OF HUSBAND OR WIFE**: Widowed

**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.**: none

**17. INFORMANT'S SIGNATURE OR NAME**: Henry Giddens — ADDRESS: Agency, Mo.

**18. CAUSE OF DEATH**

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occulusion — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis — Unknown

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** 4201

**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* 3-7- *, 19*51*, to* 8-29 *, 19*52*, that I last saw the deceased alive on* 8-28 *, 19*52*, and that death occurred at* 7:55 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Arnold Lenz MD (Degree or title)

**23b. ADDRESS** Tootle Building, St. Joseph, Missouri

**23c. DATE SIGNED** 9-2-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial (1)

**24b. DATE**: Aug. 31, 52

**24c. NAME OF CEMETERY OR CREMATORY**: No. 6 Cemetery

**24d. LOCATION** (City, town, or county) (State): Gower Mo.

**DATE REC'D BY LOCAL REG.**: Sept 5, 1952

**REGISTRAR'S SIGNATURE**: Carl C. Casey

**25. FUNERAL DIRECTOR'S SIGNATURE**: John H. Murray — **ADDRESS**: Gower Mo.

(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 Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 7893

P. O. Address Gower, 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.