

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27378

State File No. _____

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 35

150

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton 0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Oak</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annae</u> b. (Middle) <u>Malinda</u> c. (Last) <u>Hines</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 4-1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Single</u>	8. DATE OF BIRTH <u>Nov 18-1879</u>	9. AGE (In years last birthday) <u>73</u> UNDER 1 YEAR OF MONTHS _____ DAY _____ HOUR _____ MIN _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Gallatin Co Montana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Samuel Hines</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda KenCler</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Hines</u> ADDRESS <u>Camdenton Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Mitral Insuff. reg. threat</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>410X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from July 4 1922, to July 7 1952, that I last saw the deceased alive on 7-3, 1952, and that death occurred at 7:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Gibson, M.D. Surgeon</u> (Degree or title)		23b. ADDRESS <u>Camdenton Mo</u>		23c. DATE SIGNED <u>9-10-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sep 6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Park</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 10 1952</u>		REGISTRAR'S SIGNATURE <u>Jilpha Draw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u> ADDRESS <u>Camdenton Mo</u>	
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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 Abbi Beckman Woolery

Licensed Embalmer No. 2488

P. O. Address Baltimore, Md

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.