

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28089

State File No. 3727

REC'D AUG 30 1952
8-30-52

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON 338P		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 year. 2 1/2	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 3023 MONTGALL 30
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Joseph Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) ARLINE b. (Middle) C c. (Last) HINK			4. DATE OF DEATH (Month) (Day) (Year) AUG 19 1952		
---	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH MARCH 14, 1930		9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COMMERCE TRUST BANK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sedalia, MO 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME ALFRED LIGHTY		13b. MOTHER'S MAIDEN NAME CARRIE OELRICH		14. NAME OF HUSBAND OR WIFE ARNOLD H. HINK	
----------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-28-4236	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CARRIE LIGHTY 3023 MONTGALL			
--	--	--	--	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL FAT EMBOLI			INTERVAL BETWEEN ONSET AND DEATH 3-4 DAYS	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FRACTURE R. FEMUR			E 8/16/52	
	DUE TO (c) PULMONARY CONGESTION			2 DAYS	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION 812			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
--------------------------	--------------------------------------	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) AUTO ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY 40	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NEAR VANDALIA, FAYETTE, ILL.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) AUG 15 1952 1:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? AUTO ACCIDENT (2 Cars)

22. I hereby certify that I attended the deceased from AUG 18, 1952, to AUG 19, 1952, that I last saw the deceased alive on AUG 18, 1952, and that death occurred at 7:47 PM., from the causes and on the date stated above.

23a. SIGNATURE P. C. Quistgard (Degree or title) B. C. Quistgard M.D. MD		23b. ADDRESS 06241 Vermont Ave W		23c. DATE SIGNED Aug 19 1952	
--	--	----------------------------------	--	------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 22 1952	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) Cole Camp MO.		
--	-----------------------	--	---	--	--

DATE REC'D BY LOCAL REG. 8-21-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons N.K.C. Mo.
----------------------------------	--	--

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address Corandula, Mo

Notes 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.