

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41716**  
Registrar's No. **389**

DEC 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jackson</b>	
c. LENGTH OF STAY (In this place) <b>5 Years</b>		d. STREET ADDRESS (If rural, give location) <b>Highway #25</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>South East Mo. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lina</b> b. (Middle) <b>Brewer</b> c. (Last) <b>Hindman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 22, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 23, 1882</b>	9. AGE (In years) (at birthday) <b>70</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Lady</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Burial Garments</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Brewer</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie Davidson</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Hindman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alta Maechel</b>	ADDRESS <b>Jackson, Mo.</b>
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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: <b>Myocardial Infarction 2 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>Don't know</b>		
	DUE TO (c) <b>✓</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>None</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Dec 10, 1952**, to **Dec 22, 1952**, that I last saw the deceased alive on **Dec 21, 1952**, and that death occurred at **9 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. L. Sedberry M.D.</b>	23b. ADDRESS <b>Jackson Mo</b>	23c. DATE SIGNED <b>12-23-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 24, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Benton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Benton Ill.</b>
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DATE REC'D BY LOCAL REG. <b>12-23-52</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. L. ...</b>	ADDRESS <b>Jackson, Mo.</b>
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Gene C. O'Connell*

Licensed Embalmer No. *24,327*

P. O. Address *Laurel, 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.