

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 1953

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY OR TOWN Wayne Twp. Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Wayne Twp. Bollinger Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Bollinger
c. CITY OR TOWN Rural Wayne Twp
d. STREET ADDRESS (If rural, give location) Wayne Twp. Bollinger Co.

3. NAME OF DECEASED (Type or Print) MARY Catherine Hindman
a. (First) b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year) April 27, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 3, 1880 9. AGE (In years last birthday) 72 10. UNDER 1 YEAR 10 11. UNDER 1 MONTH 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Bollinger County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lawrence Fowler 13b. MOTHER'S MAIDEN NAME Mary Catherine Eaker 14. NAME OF HUSBAND OR WIFE Lewis Hindman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Lewis Hindman ADDRESS Sturdivant

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) Myocard. Inf. & Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH Not Known
ANTECEDENT CAUSES Senility
Morbidity 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Mar 53, 1953, to 22 April 53, 1953, that I last saw the deceased alive on 25 April 53, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. D. McNeill, D.D.V. 23b. ADDRESS Advance, Mo. 23c. DATE SIGNED 30 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 29, 1953 24c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery 24d. LOCATION (City, town, or county) (State) Zalmon, Mo.

DATE REC'D BY LOCAL REG. Apr. 29 53 REGISTRAR'S SIGNATURE Willie Van Amburgh 25. FUNERAL DIRECTOR'S SIGNATURE Margie Advance ADDRESS Mo. H. Advance, 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 _____

working under my personal supervision.

Student Embalmer No.

Signed William H. Morgan

Signed.....
Student Embalmer

Licensed Embalmer No. 4640

P. O. Address Adrian, 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.