

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18818

State File No. _____

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barnard		0740
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital			d. STREET ADDRESS (If rural, give location) 7 miles northwest		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) IDA	b. (Middle) ABIGAIL	c. (Last) HINKLE	(Month) 6	(Day) 6	(Year) 53

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/8/66	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HOURS Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Williamsfield, Ill. /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Havens	13b. MOTHER'S MAIDEN NAME Mary J. Kimbler	14. NAME OF HUSBAND OR WIFE Fieldon Hinkle
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fieldon Hinkle, Barnard, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senility</i>		<i>2 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>acute cholecystitis</i>		<i>3 days</i>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		<i>Senility</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 585 X	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) m.	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 *October 1952* to *June 6*, 1953, that I last saw the deceased alive on *June 6*, 1953, and that death occurred at *4:30 P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. F. G. [Signature]</i> (Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 6/8/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/8/53	24c. NAME OF CEMETERY OR CREMATORY Graves	24d. LOCATION (City, town, or county) (State) Guilford, Missouri
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DATE REC'D BY LOCAL REG. 6-13-53	REGISTRAR'S SIGNATURE <i>Bess Bolt</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

742
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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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.