

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20556**

FILED MAY 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Wright</b>	
b. CITY OR TOWN <b>Mtn Grove</b>	c. LENGTH OF STAY (in this place) <b>82 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mtn Grove 1141</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>William</b>	b. (Middle) <b>JASPER</b>	c. (Last) <b>HINKLE</b>	<b>MAY 3 - 1953</b>		

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept 27 1870</b>	9. AGE (in years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter-Stockman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cuba, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Samuel Hinkle</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Hicks</b>	14. NAME OF HUSBAND OR WIFE <b>Alma Hinkle</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>500-01-8871</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alma Hinkle</b>		ADDRESS <b>Mtn Grove Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cronary Thrombosis</b>		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.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</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)
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?

22. I hereby certify that I attended the deceased from **July 1 - 1953**, to **May 2 - 1953**, that I last saw the deceased alive on **May 2 - 1953**, and that death occurred at **8 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. Henny M.D.</b>	23b. ADDRESS <b>Mtn. Grove Mo.</b>	23c. DATE SIGNED <b>5-4-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 5 - 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>	24d. LOCATION (City, town, or county) (State) <b>Mtn Grove, Mo</b>
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DATE REC'D BY LOCAL REG. <b>5-15-53</b>	REGISTRAR'S SIGNATURE <b>A.B. Ames</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R.W. Barber</b>	ADDRESS <b>Mtn. Grove, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 19 1953  
WRIGHT CO. HEALTH DEPT.  
County File Number 553-74  
Date Filed 2-23-53

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, Pa.

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.