

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21037**

BIRTH NO. **JUN 29 1953** REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **3014** Registrar's No. **70**

001

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Warrick	
b. CITY OR TOWN Liberty		c. CITY OR TOWN R. R. #2 Boonville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 343 Harrison St.		d. STREET ADDRESS (If rural, give location) R. R. #2	
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Platte c. (Last) Hines			4. DATE OF DEATH June 23, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 1, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 53
11. BIRTHPLACE (City and State or Foreign Country) Boonville, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nathan P. Hines		13b. MOTHER'S MAIDEN NAME Elle Utterage	14. NAME OF HUSBAND OR WIFE Ruth A. Hines
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 Ruth A. Hines ADDRESS Boonville, Indiana
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibrosarcoma Cervical cord INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) paralysis Bilateral DUE TO (c) Hemiplegia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Branchial destruction INTERVAL BETWEEN ONSET AND DEATH 6 mo 30 mi	
19a. DATE OF OPERATION 1952	19b. MAJOR FINDINGS OF OPERATION Tumor around Cervical cord ADC 2 Unusual		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 193X	
22. I hereby certify that I attended the deceased from Feb , 1952, to June 23, 1953 , that I last saw the deceased alive on June 23, 1953 , and that death occurred at 1:42 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE James H. Shilloughly MD (Degree or title)		23b. ADDRESS Liberty, Mo	23c. DATE SIGNED 6-23-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Maple Groove Cemetery	24d. LOCATION (City, town, or county) (State) Boonville, Indiana
DATE REC'D BY LOCAL REG. June 27, 1953	REGISTRAR'S SIGNATURE Mabel Graham	25. FUNERAL DIRECTOR'S SIGNATURE Church-Archer Co. Liberty, Mo. ADDRESS	

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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 Harold G. Smith

Licensed Embalmer No. 4525

P. O. Address Liberty, 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.