

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25724

State File No.

FILED JUL 28 1953

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 47

0710

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

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Iowa</u> b. COUNTY <u>Shenandoah</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Crows Mills</u>	c. LENGTH OF STAY (in this place) <u>12 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Clarinda Township</u> vs. <u>8140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Crows Mills, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 N. West Clarinda, Iowa</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vilas Rudolph</u> b. (Middle) <u>Hinman</u> c. (Last) <u>Hinman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1953</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 6, 1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR <u>5</u> Months	IF UNDER 48 HRS. <u>12</u> Hours	IF UNDER 48 HRS. <u>Min.</u>
--------------------	-------------------------------	---	--------------------------------------	---	---------------------------------	----------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machinist</u>		11. BIRTHPLACE (State or foreign country) <u>Elmo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>Robert Hinman</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Orpha Hinman</u>			
---	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>479-20-2048</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Worrie Hinman Liberty, Missouri</u>			
---	--	--	--	--	--	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES <u>Abford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
---	--	---	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 7-18, 1953, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Raymond Lyle, M.D.</u>		23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>7-19-53</u>	
---	--	-------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>20 July 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>College Springs</u>	24d. LOCATION (City, town, or county) (State) <u>College Springs, Iowa</u>		
--	-----------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. <u>JULY 21, 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Versailles, Mo.</u>
---	--	--	---	--	--------------------------------

AUG 12 1953

AUG 13 1953

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 Raymond C. Foster
Licensed Embalmer No. 4626

P. O. Address Versailles, 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.