

STANDARD CERTIFICATE OF DEATH

27625

State File No.

FILED SEP 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 139

1. PLACE OF DEATH
 a. COUNTY Audrain
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico
 c. LENGTH OF STAY (in this place) 2 mo
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Audrain County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Audrain
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico
 d. STREET ADDRESS (If rural, give location) 1030 W. Breckenridge

0043

3. NAME OF DECEASED
 a. (First) Ida b. (Middle) Jane c. (Last) Hinson

4. DATE OF DEATH (Month) (Day) (Year)
Sept 1, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct 1, 1875

9. AGE (in years) (If under 1 year, give birthday) (If under 1 month, give days) (If under 1 hour, give minutes)
77

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Monroe County Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Clay Sims

13b. MOTHER'S MAIDEN NAME Margaret Jane Cauthorn

14. NAME OF HUSBAND OR WIFE John T. Hinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mr. John T. Hinson, Mexico, Mo

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) Carcinomatous
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Primary Carcinoma of breast
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs
3 yrs

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)
170X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

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 20, 1953 to Sept 1, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) McCallenbach MD

23b. ADDRESS Mexico, Mo

23c. DATE SIGNED Sept 3, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-4-53

24c. NAME OF CEMETERY OR CREMATORY Stoutsville Cemetery

24d. LOCATION (City, town, or county) (State) Stoutsville, Missouri

DATE REC'D BY LOCAL REG. Sept 2 - 1953

REGISTRAR'S SIGNATURE Blanche Keely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Clive Anderson Mexico

WRITE PLAINLY—USING UNFAADING 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.

Signed.....
Student Embalmer

Signed

Oliver A. ...

Student Embalmer No.

Licensed Embalmer No. *3569*

P. O. Address *Mexico, N.*

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.