

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Dead on arrival at St. Elizabeth Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2932 Calvert</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EDNA</b>	b. (Middle) <b>RUTH</b>	c. (Last) <b>HINKLE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 4, 1953</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 28, 1936</b>	9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Florida, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Thomas J. Mowen</b>	13b. MOTHER'S MAIDEN NAME <b>Leta Frances VanHorn</b>	14. NAME OF HUSBAND OR WIFE <b>Bill Elmer Hinkle</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>-----</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bill E. Hinkle, Overland, Mo.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>fracture Right jaw. Fracture skull.</b>		INTERVAL BETWEEN ONSET AND DEATH
	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.  <b>E 8234</b> <b>32</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 61-</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Palmyra Marion Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 4 1953 12</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Backed up Highway - car Traveled into</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E M Lucke M.D., Reg.</b>	23b. ADDRESS <b>Humbol. Mo.</b>	23c. DATE SIGNED <b>8-7-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Aug. 6, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grand View</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8/10/53</b>	REGISTRAR'S SIGNATURE <b>N E M Lucke</b>	189	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jack Schwartz</b>	ADDRESS <b>1000 BROADWAY, HANNIBAL, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED AUG 20 1958  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 20 1958

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

*Jack Schwartz*

Licensed Embalmer No. 24900

P. O. Address Hannibal, 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.