

## STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 15 1953

BIRTH NO.		REG. DIST. NO. <u>217</u>	PRIMARY REG. DIST. NO. <u>3045</u>	Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u> <u>0672</u>			
c. LENGTH OF STAY (In this place) <u>13 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>301 Pecan St.</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 Pecan St.</u>		3. NAME OF DECEASED a. (First) <u>Dan</u> b. (Middle) <u>Hines</u> c. (Last) <u>Hines</u>			
4. DATE OF DEATH (Type or Print) <u>Aug. 28, 1953</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 15, 1889</u>			
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Unk.</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Rosie Hines</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>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.E. Ferrell, Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular Fibillation</u> ANTECEDENT CAUSES <u>Hypertensive heart disease</u> DUE TO (b) <u>Arteritis</u> DUE TO (c) <u>Arteritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u> <u>S.K.</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		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) <u>443X</u>	
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	
22. I hereby certify that I attended the deceased from <u>June 22, 1953</u> to <u>Aug 28, 1953</u> , that I last saw the deceased alive on <u>Aug 4, 1953</u> , and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L. W. Salwing</u>		23b. ADDRESS <u>Charleston Mo.</u>		23c. DATE SIGNED <u>8/29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 31, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. J. Sparks</u>			
DATE REC'D BY LOCAL REG. <u>9-6-53</u>		REGISTRAR'S SIGNATURE <u>Jon Heames</u>		ADDRESS <u>Charleston, Mo.</u>	

(Increased Embalmer's Statement on Reverse Side)

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

SEP 12 REC

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed SEP 14 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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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.