

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36842**

FILED OCT 20 1953

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **2984** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY PULASKI		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - liberty	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3 Mi. N.E. of Richland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi. N.E. of Richland.			

3. NAME OF DECEASED (Type or Print)	a. (First) MARtha	b. (Middle) M	c. (Last) HINES	4. DATE OF DEATH (Month) (Day) (Year) Oct. 15 1953
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MARCH 23, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 2 wks. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dallas County - Miss.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME BENJAMIN Aksam	13b. MOTHER'S MAIDEN NAME MARY Derwington	14. NAME OF HUSBAND OR WIFE William P. HINES
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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 Eugene Clark	ADDRESS Richland
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac dilatation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertrophy + Atherosclerosis DUE TO (c) Rheumatic fever		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4013. YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 2**, 1953, to **Oct 15**, 1953, that I last saw the deceased alive on **Oct 15**, 1953, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis E. Myers D.O.	23b. ADDRESS Richland, Mo.	23c. DATE SIGNED 10-17-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/17/53	24c. NAME OF CEMETERY OR CREMATORY Manes Cemetery	24d. LOCATION (City, town, or county) (State) Richland Mo
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DATE REC'D BY LOCAL REG. 10/19/53	REGISTRAR'S SIGNATURE Constance Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Owens O. Owens	ADDRESS Richland
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-17-53
Alaska County Health Officer
File Number
Date Filed 10-19-53

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 Lowell C. Craig

Licensed Embalmer No. 4786

P. O. Address Richland

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.