

STANDARD CERTIFICATE OF DEATH

State File No. **263**

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>Hopkins</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0740 /</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Forest</u> b. (Middle) <u>E.</u> c. (Last) <u>Hinton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 16, 1954</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>May 24, 1899</u>	9. AGE (In years last birthday) <u>54</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Company</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pickering, Mo.</u>	

13a. FATHER'S NAME <u>Albert Hinton</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah M. Hewitt</u>	14. NAME OF HUSBAND OR WIFE <u>Opal</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>491-28-2568</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Hinton, Hopkins, Missouri</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> <u>UNKNOWN</u>
	ANTECEDENT CAUSES <u>Myocardial conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</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)	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 1/14/54, 19 , to 1/18/54, 19 , that I last saw the deceased alive on 1/15/54, 19 , and that death occurred at 12:55a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Allen Sherman</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>706 FRANCIS, ST. JOSEPH, Mo.</u>	23c. DATE SIGNED <u>1/18/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>1/16/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins, Missouri</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG <u>Jan 26, 1954</u>	REGISTRAR'S SIGNATURE <u>Robert M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u> ADDRESS <u>St Joseph Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 3 1956

MAY 22 1956

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.....
Signature of Student Embalmer

Signed *James B. Hawkins*

Licensed Embalmer No... 453

P. O. Address 319 E. 10th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.