

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 84

500

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERCULANEUM</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>HERCULANEUM</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Highway #6</u>		e. STREET ADDRESS (If rural, give location) <u>Old Highway #6</u> <u>0600</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u>		b. (Middle) <u>FINLEY</u>	c. (Last) <u>HINKLE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-24 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>Aug. 4, 1880</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe Lead Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>STE. GENEVIEVE CO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDREW HINKLE</u>		13b. MOTHER'S MAIDEN NAME <u>DELLIA HUGHES</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>493-039310</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HERCULANEUM</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis Chronic</u> DUE TO (c) <u>Arteriosclerosis</u> 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 <u>4221</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 <u>Feb 20, 1953</u> , to <u>August 4, 1954</u> , that I last saw the deceased alive on <u>Aug 24, 1954</u> , and that death occurred at <u>10:20 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. Gaskind</u> (Degree or title)		23b. ADDRESS <u>Foster Ave</u>	
23c. DATE SIGNED <u>Aug 25/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>8-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Franklin</u>	
24d. LOCATION (City, town, or county) (State) <u>Farmington Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James R. Cady</u> ADDRESS <u>Crystal City</u>	
DATE REC'D BY LOCAL REG. <u>8-25-54</u>		REGISTRAR'S SIGNATURE <u>James C. Rye</u> 502	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 1, 1954

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 Richard Cady*

Licensed Embalmer No. *436*

P. O. Address *CRYSTAL*

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.