

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28225

State File No. 694

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3704		Registrar's No. 159			
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma 7. b. COUNTY No Record					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe Township		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Durant		835-08			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Windmoor Motel				d. STREET ADDRESS (If rural, give location) 202 South Ninth Street					
3. NAME OF DECEASED (Type or Print) Raymond Melvin Hines			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH September 5, 1954		(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 29, 1910			
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tree Surgeon			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Green, Maine			
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME George Hines		13b. MOTHER'S MAIDEN NAME Mammie Robinson		14. NAME OF HUSBAND OR WIFE Jeanette Jean Hines		
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. 005-07-7405		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. M. Hines; 1110 Trenton; Chillicothe, Missouri			ADDRESS	
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) Coronary Occlusion Instant				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.									
19a. DATE OF OPERATION		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)		4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 None, 19____, to _____, 19____, that I last saw the deceased alive on Sept 5, 1954, and that death occurred at 10-A m., from the causes and on the date stated above.									
23. SIGNATURE Joseph P. Conrad M.D. (Coroner)				23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED Sept 10 - 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-54		24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) Chillicothe, Missouri		(State)	
DATE REC'D BY LOCAL REG. 9-10-54		REGISTRAR'S SIGNATURE Frances B. Neill			25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

VS JUN 30 1959

VS MAR 3 1961

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 Joseph M. Gibson

Licensed Embalmer No. 4769

P. O. Address Chillicothe, Missouri

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.