

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31056**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Carthage, Missouri		c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 1/2 Hr.		STREET ADDRESS (If rural, give location) Route # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			

3. NAME OF DECEASED a. (First) Albert (Type or Print)			b. (Middle) Henry			c. (Last) Hinz			4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 14, 1882		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Carver				10b. KIND OF BUSINESS OR INDUSTRY Stone Carver				11. BIRTHPLACE (City and State or Foreign Country) Milwaukee, Wis.				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Albert H. Hinz, Sr.			13b. MOTHER'S MAIDEN NAME Pauline Eckhert			14. NAME OF HUSBAND OR WIFE Mable Hinz					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.			16. SOCIAL SECURITY NO. 44-02-84393			17. INFORMANT'S SIGNATURE OR NAME Mable Hinz			ADDRESS Carthage, Mo., Rt. 2		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Circulatory failure acute						1 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial degeneration						1 yr	
		DUE TO (c) Carcinoma of prostate						3-5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY YES <input type="checkbox"/> NO <input 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 6-3, 1954 to 9-12, 1954, that I last saw the deceased alive on 9-12, 1954, and that death occurred at 10:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)			23b. ADDRESS Carthage Mo			23c. DATE SIGNED 9-14-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-16-54		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri		
DATE REC'D BY LOCAL REG. 9-15-54		REGISTRAR'S SIGNATURE <i>[Signature]</i> 139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.				

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

RECEIVED SEP 22 1954
Jasper County Health Office
County File Number 54-9-795
Date Filed SEP 22 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 William S. Lantieri

Licensed Embalmer No. 480

P. O. Address Bartholomew

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.