

FILED NOV 1 - 1954

STANDARD CERTIFICATE OF DEATH 565 State File No. 78

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 5646		Registrar's No. 78		
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Verona - 5th St & 2nd Ave		c. LENGTH OF STAY (in this place) 2 mo.		c. CITY OR TOWN Verona 0550		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				f. STREET ADDRESS (If rural, give location) Spring River				
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) G.		c. (Last) Hinkle		4. DATE OF DEATH (Month) (Day) (Year) 9-24-1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-16-1886		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Polk Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Wm. C. Hinkle			13b. MOTHER'S MAIDEN NAME Manda C. Grinn		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Beppie Webb		ADDRESS Miller Mo.		
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) Organic heart				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) Prostatitis				
				DUE TO (c) yephitosis				
				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 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) (Min.)		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 6-1-1954 to 9-24-1954, that I last saw the deceased alive on 9-20-1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Wm. S. Beasly, M.D. (Degree or title)				23b. ADDRESS N.E. of Miller, Mo.		23c. DATE SIGNED 10-19-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-26-54	24c. NAME OF CEMETERY OR CREMATORY Seymour		24d. LOCATION (City, town, or county) (State) N.E. of Miller, Mo.			
DATE REC'D. BY LOCAL HEALTH DEPT. 10-26-54		REGISTRAR'S SIGNATURE Wm. S. Beasly		FUNERAL DIRECTOR'S SIGNATURE 157-H Morris Leiman		ADDRESS Miller, Mo.		

---

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 *S. R. Leiman*.....

Licensed Embalmer No.. 322

P. O. Address *Miller*.....

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..