

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34623**

FILED OCT 22 1954

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3042** Registrar's No. **4313**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY OR TOWN Kinderhook	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 9 days		e. STREET ADDRESS (If rural, give location) 912 S	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth			

3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) Delford c. (Last) Hinds			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1954.
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 4, 1889.	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 65	IF UNDER 24 HRS. Hours 65 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sexton	10b. KIND OF BUSINESS OR INDUSTRY C. B. & Q. R. R.	11. BIRTHPLACE (City and State or Foreign Country) Kinderhook, Ill.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Henry Hinds	13b. MOTHER'S MAIDEN NAME Rosella Fitzpatrick	14. NAME OF HUSBAND OR WIFE none
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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. 338-20-8096	17. INFORMANT'S SIGNATURE OR NAME Mary E. McEal	ADDRESS Kinderhook, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelantaxis R. Lung		11 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Fibrosis DUE TO (c) _____		11 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Core Pulmonale		3 mths	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 525 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **6-9-54**, 19**54**, to **10-13-54**, 19**54**, that I last saw the deceased alive on **10-13-54**, 19**54**, and that death occurred at **9:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Swine	23b. ADDRESS M. D. 100 N. Sixth Hannibal, Mo.	23c. DATE SIGNED 10-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 16, 1954.	24c. NAME OF CEMETERY OR CREMATORY Kinderhook	24d. LOCATION (City, town, or county) (State) Kinderhook, Ill.
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DATE REC'D BY LOCAL REG. 10-18-54	REGISTRAR'S SIGNATURE Dr. E.M. Lucke by M.C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE John Nagel	ADDRESS Funeral Home Perry Ill
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 21 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED OCT 21 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 This Body not Embalmed, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Stand

Licensed Embalmer No. 458

P. O. Address Hammond

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.