

STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1955

State File No. _____
Registrar's No. 122

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 36 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Letts Nursing Home 716 N. 6th St.		e. STREET ADDRESS (If rural, give location) 1117 Pacific St. 01170	

3. NAME OF DECEASED (Type or Print) Elizabeth M. Hinkle			4. DATE OF DEATH January 31, 1955		
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5. SEX female /		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH September 10, 1876		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Hickory Creek, Missouri 0				12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Samuel L. Kinkle		13b. MOTHER'S MAIDEN NAME Anna A. Reisch		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Hinkle, 1117 Pacific, St. Joseph, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right breast with generalized metastases.		ANTECEDENT CAUSES				Ukn.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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"/>	
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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)		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 8/13 1953, to 1/31 1955, that I last saw the deceased alive on 1/28 1955, and that death occurred at 9:00p.m., from the causes and on the date stated above.

23a. SIGNATURE H. J. Mundy (Degree or Title) M.D.		23b. ADDRESS 2801 Sacramento St. Joseph, Missouri		23c. DATE SIGNED 2/2/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/3/1955		24c. NAME OF CEMETERY OR CREMATORY Odd Fellow Public Cemetery St. Joseph, Missouri		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. Feb 9, 1955		REGISTRAR'S SIGNATURE Kathen M. Allison Heaton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bowser St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

MAY 3 1963

Dr. [unclear]

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 P. Hawkins*

Licensed Embalmer No. 4534

P. O. Address 319 So 10th

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.