

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1600

State File No.

BIRTH NO.		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5642</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY OR TOWN <u>RURAL MIDDLETON</u>		c. LENGTH OF STAY (in this place) <u>8 MONTHS</u>		c. CITY OR TOWN <u>CONCORDIA</u>		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 <u>2 MI WEST ALMA, MO.</u>				STREET ADDRESS (If rural, give location) <u>218 W. 5th ST. 0540</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>DORTHEA LOUISE</u> c. (Last) <u>HINCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 25 1955</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 12, 1872</u>		9. AGE (In years last birthday) <u>82</u>	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) <u>RETIREE HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO 0</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>LOUIS SCHARNHORST</u>		13b. MOTHER'S MAIDEN NAME <u>DORTHEA BLINDE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN HINCK</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALBERTA HINCK CONCORDIA, MO</u>			
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) <u>Carcinoma of the uterus</u> 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. <u>Decubiti on both thighs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>6 weeks</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>174 X</u>					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 <u>Dec. 2, 1954</u> , to <u>Jan 25, 1955</u> , that I last saw the deceased alive on <u>Jan 4, 1955</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gilbert E. Fulkerson M.D.</u>				23b. ADDRESS <u>Bigginsville Mo.</u>		23c. DATE SIGNED <u>1-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 28 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>			
DATE REC'D BY LOCAL REG. <u>Jan 28-55</u>		REGISTRAR'S SIGNATURE <u>Clayton N. Landrum</u> 154-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>		ADDRESS <u>Concordia, Mo</u>	

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

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 me Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
E. S. James

Licensed Embalmer No. 205

P. O. Address Concordia

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.