

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7304

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY Buchanan		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) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 37 years	c. CITY OR TOWN St. Joseph	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 1117 Pacific Street		f. STREET ADDRESS (If rural, give location) 1117 Pacific St.	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) T. c. (Last) Hinkle		4. DATE OF DEATH (Month) (Day) (Year) March 23, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH December 19, 1872
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. printer		10b. KIND OF BUSINESS OR INDUSTRY Printing Company	11. BIRTHPLACE (City and State or Foreign Country) Mooreville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel L. Hinkle	
13b. MOTHER'S MAIDEN NAME Anna A. Reisch		14. NAME OF HUSBAND OR WIFE None	
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. unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Nell Potter, 1117 Pacific, St. Joseph, Mo		ADDRESS 1117 Pacific, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Self inflicted wound in the left wrist. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Man bled to death from a wound he cut in his left wrist with a paring knife. 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 E977X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 23, 1955 4:00 A.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Man cut his own wrist	
22. I hereby certify that I attended ^{interviewed} the deceased from On 3/23, 1955 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Design or title) H F Mundy (Coroner) M.D.		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 3/23/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/25/1955	
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. April 29, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison	
25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Brown		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Richard E. Collins*.....

Licensed Embalmer No. *4959*

P. O. Address *St. Joseph*

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.