

FILED MAR 21 1955 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 106770

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 15

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Scotland</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u>                           |                               | c. CITY OR TOWN <u>Memphis</u>   | 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) <u>entire life</u>  |                               | e. STREET ADDRESS (If rural, give location) <u>0 940 0</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |                               |  |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>William</u> b. (Middle) <u>F.</u> c. (Last) <u>Hines</u> |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1955</u>  |   |
| 5. SEX <u>male</u>  | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  | 8. DATE OF BIRTH <u>June 27, 1881</u>   |
| 9. AGE (In years last birthday) <u>73</u>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory Co., Arkansas</u>   |
| 10a. <u>laborer</u>   |                               | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |   |
| 13a. FATHER'S NAME <u>George Hines</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Drudy Chancellor</u>  | 14. NAME OF HUSBAND OR WIFE <u>Docai Hines</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)      |                               | 16. SOCIAL SECURITY NO.  | 17. INFORMANT'S SIGNATURE OR NAME <u>Docai Hines</u> ADDRESS <u>Memphis, Mo.</u>  |

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|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythrocythemia (sickle cell disease)</u> 3 years<br>INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) _____<br>DUE TO (c) _____  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
| 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) <u>294 X</u>                     |
| 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 Feb, 1952, to Mar 12, 1955, that I last saw the deceased alive on 3-13, 1955, and that death occurred at 10:30 p.m.; from the causes and on the date stated above.

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|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>E. E. Symmonds D.O. 2</u>          | 23b. ADDRESS <u>Memphis Mo</u>              | 23c. DATE SIGNED <u>Mar 15/55</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>                | 24b. DATE <u>Mar. 15, 1955</u>              | 24c. NAME OF CEMETERY OR CREMATORY <u>Memphis,</u>                               |
| 24d. LOCATION (City, town, or county) (State) <u>Memphis, Missouri</u> |   |  |
| DATE REC'D BY LOCAL REG. <u>3/16/55</u>                                | REGISTRAR'S SIGNATURE <u>Mrs. G. Turner</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Baskett</u> ADDRESS <u>Memphis Mo</u> |

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

1915 8/15 18

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 *Albert C Genth*.....

Licensed Embalmer No. *42*.....

P. O. Address *Mesa*.....

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.