

FILED MAY 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12649

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3042		Registrar's No. 138					
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Marion							
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal		c. LENGTH OF STAY (In this place) 5 Mo.		c. CITY OR TOWN Hannibal		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: Becky Thatcher Nursing Home				e. STREET ADDRESS (If rural, give location) 711 Church St.							
3. NAME OF DECEASED (Type or Print) Ernest			a. (First)		b. (Middle)		c. (Last) Hinds				
4. DATE OF DEATH		5. SEX 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 11, 1887 67			
9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Booker Keeper		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Kinderhook, Ill. /		12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Henry Hinds			13b. MOTHER'S MAIDEN NAME Rosella Fitzpatrick			14. NAME OF HUSBAND OR WIFE Never Married					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-18-3260		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS Hannibal, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Brucella pneumonia</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Chronic hypoadrenalism</i> <i>in type 2 decomposition</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 day</i> <i>6 weeks</i>			
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)		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 1/22, 1955, to 5/2/55, 1955, that I last saw the deceased alive on 5/1, 1955, and that death occurred at 7:15 A.M., from the causes and on the date stated above.											
23a. SIGNATURE <i>D.L. Murphy MD</i> (Degree or title)				23b. ADDRESS Hannibal, Mo.		23c. DATE SIGNED 5/4/55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-5-1955		24c. NAME OF CEMETERY OR CREMATORY Kinderhook Cemetery		24d. LOCATION (City, town, or county) (State) Kinderhook, Ill.					
DATE REC'D BY LOCAL REG. 5-5-55		REGISTRAR'S SIGNATURE <i>Dr. E. M. Luke</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>By W. T. Fisher</i>		ADDRESS <i>Clark Hannibal, Mo.</i>					

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

RECEIVED MAY 9 1955  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 9 1955

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..... 

Licensed Embalmer No....4217..

P. O. Address....Hannibal, Mo.

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.