

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13452

State File No.

3138

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Texas</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or town <u>St Louis</u>)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Orange</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Infirmary</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>20</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carrie</u> b. (Middle) <u>L.</u> c. (Last) <u>Hines</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 17, 1912</u>	9. AGE (In years last birthday) <u>43</u>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greensboro Louisiana</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>George Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Elliott</u>	
13c. NAME OF HUSBAND OR WIFE <u>Percy Hines</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Annie White</u>		ADDRESS <u>1437 N. 18th</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RHEUMATIC HEART DISEASE with Mitral Stenosis & Insufficiency - Aortic Insuff.</u>		<u>1 1/2 yrs.</u>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right Pleurisy with Effusion</u> <u>Right Lower Lobar Pneumonia</u>		<u>1 month</u>	

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? <u>H/OX</u>

22. I hereby certify that I attended the deceased from March 4, 1955, to April 5, 1955, that I last saw the deceased alive on April 5, 1955, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. P. Ford</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2746a Franklin Ave.</u>	23c. DATE SIGNED <u>4-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>April 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana</u>
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DATE RECD BY LOCAL REG. <u>APR 7 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Looney</u>	ADDRESS <u>1221 N. Grand</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed *Guyton Swan*.....

Licensed Embalmer No. *458*.....

P. O. Address *1221 R St*.....

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.