

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 537

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>DONIPHAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>01801</u>	
c. LENGTH OF STAY (In this place) <u>41 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>STAR ROUTE GRANDIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDITH</u> b. (Middle) <u>BELL</u> c. (Last) <u>HINDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12 - 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>JUNE 6 - 1896</u>
9. AGE (In years) (Months) (Days) <u>58</u> <u>10</u> <u>6</u>	10. 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>AT HOME</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>GRAY HORSE - OKLA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BEN DRAGOO</u>		13b. MOTHER'S MAIDEN NAME <u>CORA PEACOCK THOMAS D. HINDS</u>	
14. NAME OF HUSBAND OR WIFE <u>THOMAS D. HINDS</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. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE HINDS - GRANDIN - Mo.</u>		ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary of Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u>		<u>10 days</u>	
DUE TO (c) <u>Nephritis acute</u>		<u>2 months</u>	
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 <u>1561</u>	
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 <u>March</u> , 19 <u>55</u> , to <u>April 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 10</u> , 19 <u>55</u> , and that death occurred at <u>12:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Johnson MD</u>		23b. ADDRESS <u>Doniphan Mo</u>	
23c. DATE SIGNED <u>4/14/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/14/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>DONIPHAN - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-21-55</u>		REGISTRAR'S SIGNATURE <u>Edwards</u> <u>277-</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>EDWARDS FUNERAL HOME - DONIPHAN, Mo.</u>		ADDRESS <u>Mo.</u>	

**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 .....  
Student Embalmer

Signed

*Gene Hartman*

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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 this body is not embalmed, fact should be so stated above.