

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1955

State File No. 22185  
Registrar's No. 2789

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 35yr.		d. 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 4836 East 8th Street		STREET ADDRESS (If rural, give location) 4836 East 8th Street	

3. NAME OF DECEASED (First) CLARENCE (Type or Print)	b. (Middle) CRAWFORD	c. (Last) HINES	4. DATE OF DEATH (Month) (Day) (Year) JUNE-30-1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH-26-1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) CLEANER		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Shop		11. BIRTHPLACE (City and State or Foreign Country) Fort Worth, TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME JAMES E. HINES	13b. MOTHER'S MAIDEN NAME EMMA I. THOMAS	14. NAME OF HUSBAND OR WIFE NELL M. HINES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 497-36-7657	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nell M. Hines K.C., 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 70 min	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Coronary sclerosis			3 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio-sclerosis			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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., 1955, to June 30, 1955, that I last saw the deceased alive on June 26, 1955 and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE Walter Cummins (Degree or title) MD	23b. ADDRESS 4620 Dudy, Car K.C. Mo.	23c. DATE SIGNED 6-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 2-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Manah Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 7-1-55	REGISTRAR'S SIGNATURE Vera Marshall	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman	ADDRESS Don Inc. K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *W.C. Rinne*

Licensed Embalmer No. *48*

P. O. Address *K.C. 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.