

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32989**

FILED NOV 14 1955

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4217		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Henry				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) OR TOWN Urish, Mo.		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Kansas City		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 _____				e. STREET ADDRESS (If rural, give location) 115 West 61st Terr. 35381			
3. NAME OF DECEASED (Type or Print) a. (First) NATHAN		b. (Middle) S.		c. (Last) HINSHAW		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1955	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 15, 1876		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months 2 Days 20 IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Transfer Co.		11. BIRTHPLACE (City and State or Foreign Country) Pleasant Hill, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas I. Hinshaw		13b. MOTHER'S MAIDEN NAME Martha Holcomb		14. NAME OF HUSBAND OR WIFE Laura A. Hinshaw			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 187-09-5151		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura Hinshaw, 115 W. 61st Terr., 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, arthritis, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) H201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 20 min							
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 _____, 19____, to 11-3 , 19 55 , that I last saw the deceased alive on Nov. 11/3, 1955 , and that death occurred at 6:35 A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) K. J. Powell Do. Coronar				23b. ADDRESS Clinton mo		23c. DATE SIGNED 11/9/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 11-5-55		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Abbey		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. Nov. 9, 55		REGISTRAR'S SIGNATURE Mildred Bigum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MCCLURE UND. CO. K.C. MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

APR 25 1958

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 *F. S. Walton*.....

Licensed Embalmer No. *2*.....

P. O. Address *A. C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.