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FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35702

BIRTH NO. 62127-55 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-05 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan
c. LENGTH OF STAY (in this place): 15½ hrs
d. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): Sullivan Co. Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1750
d. STREET ADDRESS (If rural, give location): Clay Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): Eddie
b. (Middle): Dean
c. (Last): Hines

4. DATE OF DEATH (Month) (Day) (Year): 10 - 1 - 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 10-1-55
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 15 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Milan - Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Iris June Hines
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Iris June Hines
ADDRESS: Harris - 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 1. Internal Hydrocephalic
DUE TO (c): 2. Erwinia Coryza

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 3. Chitin Granulo.

INTERVAL BETWEEN ONSET AND DEATH: 752X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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): Milan Sullivan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 1955, *to* 10/1, 1955, *that I last saw the deceased alive on* 10:20, 1955, *and that death occurred at* 11:40 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E Magall M.D.
23b. ADDRESS: Milan, Mo
23c. DATE SIGNED: 10/3/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-1-55
24c. NAME OF CEMETERY OR CREMATORY: Deeds Cem
24d. LOCATION (City, town, or county) (State): Sullivan Co Mo

DATE REC'D BY LOCAL REG.: 10-11-1955
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320-0
25. FUNERAL DIRECTOR'S SIGNATURE: Schoene's Dwight Schoene
ADDRESS: Milan, Mo

(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 not embalmed by me, or by.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Marion Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.