FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12869

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO 5426 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Labadie
c. LENGTH OF STAY (In this place): 72Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Labadie

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

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3. NAME OF DECEASED (Type or Print)
a. (First): Archie
b. (Middle):
c. (Last): Hinkle

4. DATE OF DEATH (Month) (Day) (Year): Apr. 19. 1956

5. SEX: Male
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Batchlor
8. DATE OF BIRTH: Oct. 9. 1883
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 6, Days 10 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Edward Hinkle
13b. MOTHER'S MAIDEN NAME: Mary Woods
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): No.
16. SOCIAL SECURITY NO.: NO-722-07-4565
17. INFORMANT'S SIGNATURE OR NAME: Nancy Claggett — ADDRESS: Sister Labadie 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): Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recto-vesico fistula
DUE TO (c): Old prostatectomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arterio-sclerotic C-U-R disease

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
606x
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):
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* 27 Mar, 1956, *to* 19 Apr, 1956, *that I last saw the deceased alive on* 19 Apr, 1956, *and that death occurred at* 1130 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Bozzo, M.D.
23b. ADDRESS: Washington Mo.
23c. DATE SIGNED: 21 Apr 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 24. 1956
24c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: April 24-56
REGISTRAR'S SIGNATURE: Mary B. Gross
25. FUNERAL DIRECTOR'S SIGNATURE: John W. Hemphill — ADDRESS: 408 S. Fillmore Ave Kirkwood 22. 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 embalmed by me, or by.....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. 4441

P. O. Address 408 S Fillmore

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.