

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15546

State File No.

BIRTH NO. 29171-56 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>19 N. Walnut</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Gregory</u> c. (Last) <u>Hinshaw</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (Never Married, Widowed, Divorced) (Specify) <u>Child</u>	8. DATE OF BIRTH <u>May 21, 1956</u>
9. AGE (In years last birthday) <u>—</u>		10. MONTHS <u>—</u>	11. YEARS <u>3</u>
12. HOURS <u>2</u>		13. MINUTES <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (City and State or Foreign Country) <u>Columbia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jimmie Ross Hinshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Phyllis Sue Reynolds</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sue Hinshaw</u>	
18. ADDRESS <u>1910 Walnut</u>		19. 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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (wt = 1 lb 13 oz)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Period of gestation 28 weeks</u>			
DUE TO (c)			
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	
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 <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>5-21</u> , 1956, to <u>5-24</u> , 1956, that I last saw the deceased alive on <u>5-24</u> , 1956, and that death occurred at <u>6:15 P. m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Edward Washington M.D.</u>		23b. ADDRESS <u>889 University Ave Columbia, Mo</u>	
23c. DATE SIGNED <u>5-25-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 25, 1956</u>	
24c. NAME OF CEMETERY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 25 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>Lyman H. ...</u>		ADDRESS <u>Columbia</u>	

(Licensed Embalmers' Statute 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, ~~and~~

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Lynan H. Sprinkle

Licensed Embalmer No. *4013*

P. O. Address

Columbia, 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.