

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JUN 11 1956

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>8350</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Stella, Mo. 0</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Disney</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardwell Hosp.</b>		Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Elijah</b> Middle <b>E.</b> Last <b>Hinds</b>			4. DATE OF DEATH Month <b>May</b> Day <b>23</b> Year <b>1956</b>
---	--	--	---

5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 25 1876</b>	9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR: Months <b>4</b> Days <b>28</b> Hours <b>..</b> Min. <b>..</b>	IF UNDER 24 HRS. <b>..</b>
----------------------	-------------------------------	---	--------------------------------------	---	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (City and state or country) <b>McDonald Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	---	--

13. FATHER'S NAME <b>John Hinds</b>	14. MOTHER'S MAIDEN NAME <b>Nancy Atkinson</b>
--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>Mrs. Ralph Long</b>	Address <b>Stella, Mo. R#1</b>
--	--------------------------------------	---	-----------------------------------

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>331X</b>
---	---

20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	--	---	------------------------------	--------	-------

21. I attended the deceased from **Apr - 1956** to **5-23-56** and last saw **her** alive on **5-23-56**  
Death occurred at **10:50** **A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>C. Cardwell</b> (Degree or title)	22b. ADDRESS <b>M. D. O. Stella Mo.</b>	22c. DATE SIGNED <b>5-29-56</b>
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 26 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Stella, Mo. R#1</b>
--	---------------------------------	---	---

24. FUNERAL DIRECTOR <b>W. Morris Pope</b>	ADDRESS <b>Stella, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>June 1 1956</b>	26. REGISTRAR'S SIGNATURE <b>Alpha Dye</b>
---	------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

District Health Officer No. Newton  
District File Number 656-86  
Date Filed JUN 6 1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed James F. Smith .....  
Licensed Embalmer No. 100 .....

P. O. Address Whit .....

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.