No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20972
State File No.

FILED JUL 10 1956

BIRTH NO. REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morse Mill
c. LENGTH OF STAY (In this place): 65 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gen'l. Delivery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN: Morse Mill
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): Gen'l. Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Ben
b. (Middle): (N.M.N.)
c. (Last): Hinson

4. DATE OF DEATH (Month) (Day) (Year): 6-18-56

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR. 7-1891
9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Edw. Hinson
13b. MOTHER'S MAIDEN NAME: Minerva Huskey
14. NAME OF HUSBAND OR WIFE: Lila Blake

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.: 496-30-7330
17. INFORMANT'S SIGNATURE OR NAME: Lila Hinson
ADDRESS: Morse Mill, 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): Natural Causes
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
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: 7954
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 ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that~~ death occurred at* 5:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl E. Rice (Degree or title): MD
23b. ADDRESS: Hillsboro Mo
23c. DATE SIGNED: 6/20/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-21-56
24c. NAME OF CEMETERY OR CREMATORY: Hillsboro
24d. LOCATION (City, town, or county) (State): Hillsboro, Mo.

DATE REC'D BY LOCAL REG.: 6-28-56
REGISTRAR'S SIGNATURE: Kathleen Marsden
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mathushead
ADDRESS: De Soto, Mo

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUL 7 1956

JUL 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Andrew H. Englan

Licensed Embalmer No. 474

P. O. Address De Soto, M

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