

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22925

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5129		Registrar's No. 814	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Platte		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Platte			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence, R <sup>n</sup> #1				d. STREET ADDRESS (If rural, give location) R.F.D. #1			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) H.		c. (Last) Hines		4. DATE OF DEATH (Month) (Day) (Year) 7 23 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3/9/1881	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Buchanan Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? USA.							
13a. FATHER'S NAME John R. Hines		13b. MOTHER'S MAIDEN NAME Mattie B. Courtney		14. NAME OF HUSBAND OR WIFE Corine Hines			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-14-7037		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Hines Gower, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Decubitus ulcers rise to the above cause (a) stating the underlying cause last. DUE TO (c) Fracture tibia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 da 2 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Gower Buchanan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 10 5 6 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in home			
22. I hereby certify that I attended the deceased from July 13, 1956, to July 23, 1956; that I last saw the deceased alive on July 22, 1956, and that death occurred at 3 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. B. Schilding M.D.				23b. ADDRESS Platteburg Mo		23c. DATE SIGNED July 23 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/25/1956		24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		24d. LOCATION (City, town, or county) (State) Gower Mo.	
DATE REC'D BY LOCAL REG. Aug 2, 1956		REGISTRAR'S SIGNATURE Esther M. Allison by day P. C. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE H. Murray		ADDRESS Gower Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48



**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 *Me*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*John H. Murray*

Licensed Embalmer No. *2893*

P. O. Address *Gower 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.

