

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23765

State File No. 2157

FILED JUL 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Six hours</u>		c. CITY OR TOWN <u>Missouri</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				STREET ADDRESS (If rural, give location) <u>6108 W. 62nd Terrace</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Orla</u>		c. (Last) <u>Hinton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-23-1916</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>District Manager Paint Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paint Co</u>		9. AGE (In years last birthday) <u>39</u>		9. UNDER 1 YEAR IF UNDER 1 HR. Months Days Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fulsa Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>O. R. Hinton</u>		13b. MOTHER'S MAIDEN NAME, <u>Maxie Smiley</u>	
14. NAME OF HUSBAND OR WIFE <u>Addie E. Hinton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW II</u>		16. SOCIAL SECURITY NO. <u>487-05-7068</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wife: Mrs Addie Hinton</u> ADDRESS <u>home</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General anaemia</u>					
		ANTECEDENT CAUSES: DUE TO (b) _____					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Anaemia, acetic, hydrothorax</u>					
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 WORK <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>4:20 P.M. 7/6/56</u> , to <u>1:40 P.M. 7/6/56</u> , that I last saw the deceased <u>alive on 7-6-1956</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Terry E. Lilly</u>		(Degree or title) _____		23b. ADDRESS <u>807 Grand Bldg 146 Mo</u>		23c. DATE SIGNED <u>7/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		DATE <u>9-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Fulsa Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>7-7-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Worland's Sons</u> ADDRESS <u>Missouri Kansas</u>			

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

1-2776

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..... Signature of Student Embalmer

Signed... Herbert A. Jones

Licensed Embalmer No. 4987

P. O. Address Mason No

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.