

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021 117
STATE FILE NUMBER
2966

FILED JUL 12 1957

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 2966

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #2		Length of stay in lb 30 yrs	d. STREET ADDRESS (If outside, give location) 2839 Mersington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edward Middle Samuel Last Hinch			4. DATE OF DEATH Month June Day 22 Year 1957		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6 30 1905	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Wrecker		10b. KIND OF BUSINESS OR INDUSTRY Auto Wrecking	11. BIRTHPLACE (City and state or country) Santa Fe Mo.		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME George Hinch		13b. MOTHER'S MAIDEN NAME Fannie Richey		14. NAME OF HUSBAND OR WIFE Lillie Mae Hinch	
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. 499 09 1462		17. WEFORMANE M. Lillie M. Hinch Address 2839 Mersington	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate with metastasis.		INTERVAL BETWEEN ONSET AND DEATH 177X
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) - (c)		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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		
20d. INJURY OCCURRED WHILE AT <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 **May 21, 1957** to **June 22, 1957** and last saw her alive on **June 22, 1957**
Death occurred at **7:00 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *W. R. Peterson M.D.* (Degree or title) 22b. ADDRESS **600 E. 22nd St.** 22c. DATE SIGNED **6-25-57**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **June 26th 1957** 23c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery** 23d. LOCATION (City, town, or county) (State) **Kansas City No.**

24. FUNERAL DIRECTOR **Adkins Funeral Home 2000 E 12st K. C.** ADDRESS 25. DATE RECD. BY LOCAL REG. **6-26-57** 26. REGISTRAR'S SIGNATURE *New Marshall*

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
W. R. Peterson



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 _____

C. Kenneth Herford

Licensed Embalmer No. 4437

P. O. Address 209

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.