

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0222131
State File No.

FILED JUN 26 1957

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Rolla twsp.	c. LENGTH OF STAY (in this place) 8 years	c. CITY OR TOWN Rural-Rolla twsp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 66 East		e. STREET ADDRESS (If rural, give location) Highway 66 East	

3. NAME OF DECEASED (Type or Print)	a. (First) FREDERICK	b. (Middle) CHRISTIAN	c. (Last) HINRICHSEN	4. DATE OF DEATH (Month) (Day) (Year) June 13, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 13, 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Detective, retired		10b. KIND OF BUSINESS OR INDUSTRY Alco of America		11. BIRTHPLACE (City and State or Foreign Country) Elizabeth, New Jersey		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Christian Hinrichsen	13b. MOTHER'S MAIDEN NAME Emma Zinn	14. NAME OF HUSBAND OR WIFE Lola
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. Spanish-American 329-10-5996	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lola Hinrichsen	ADDRESS Rt 3 Rolla
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer - Carcinoma of Kidney		
	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 180X	20. AUTOPSY? 2 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) (Min.)	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 12/10, 1956, to 6/13, 1957 that I last saw the deceased alive on 6/13, 1957, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm R. [Signature]</i>	(Degree or title) MD	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 6/13/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 15, 1957	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
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DATE REC'D BY LOCAL REG. June 17, 1957	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Hull	ADDRESS Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

388

RECEIVED

Phelps County Health Officer,

County File Number 737

Date Filed JUN 25 1957

JUN 27 1957
JUN 28 1957
9 1957

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.....
Paul E. Nuss

Licensed Embalmer No. 449

P. O. Address Prolla,

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