FILED JUN 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 023317
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: Nevada State Hosp. — Length of stay in Ib: 0-1-13

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 810 S Jackson — Rural on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Florence Middle: May Last: Hinman

4. DATE OF DEATH: Month 6 Day 14 Year 1957

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-6-1877
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 0 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House keeping
11. BIRTHPLACE (City and state or country): Indiana 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Carpenter
14. MOTHER'S MAIDEN NAME: Kate Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Adm. papers — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Vessel Disease — INTERVAL BETWEEN ONSET AND DEATH: Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atheromatous Sclerosis — Yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Senil Dementia 4201 2

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-1-1957 to 6-14-57 and last saw her ~~him~~ alive on 6-13-57
Death occurred at 4:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. Allen Jackson MD (Degree or title)
22b. ADDRESS: Nevada Mo
22c. DATE SIGNED: 6-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-16-57
23c. NAME OF CEMETERY OR CREMATORY: Benton Green
23d. LOCATION (City, town, or county) (State): Rensee Mo

24. FUNERAL DIRECTOR: Goodrich & Home — ADDRESS: Osceola Mo
25. DATE RECD. BY LOCAL REG.: 6-18-1957
26. REGISTRAR'S SIGNATURE: Omar E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Part I. Do not use symptoms, mode of dying, or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 32

P. O. Address.....

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