

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28773
STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital Length of stay in 1b		d. STREET ADDRESS 1906 Market (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle LENTLESS Last HINCH			4. DATE OF DEATH August 15, 1957 Month August Day 15 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 30, 1884
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and state or country) Barry Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Rubber Plant	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Perry Hinch		14. MOTHER'S MAIDEN NAME Louisa Bradshaw	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT George M. Hinch Hannibal Missouri Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarct,			INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO (b) Carcinoma of the rectum with intestinal obstruction.			3 weeks
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic vascular disease.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month _____ Day _____ Year _____ 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 July 28, 1957 to August 15, 1957 and last saw him him alive on 8/15/57 Death occurred at 9:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert J. Lanning MD</i> (Degree or title)		22b. ADDRESS 504 D & L Building Hannibal, Missouri	22c. DATE SIGNED 8/15/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/17/57	23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	23d. LOCATION (City, town, or county) (State) Rolls County Missouri
24. FUNERAL DIRECTOR <i>W. E. ...</i> ADDRESS		25. DATE RECD. BY LOCAL REG. 8-20-57	25. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i>

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 22 1957

RECEIVED

MARION CO. HEALTH DEPT.

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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 *John S. [Signature]* _____

Licensed Embalmer No. _____

P. O. Address Hannibal M

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.