Health, Welfare Public Service

300
1-56

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34830
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 382

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Valley Trailer Court — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Grandin — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Star Route — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First THOMAS Middle DAVID Last HINES.

4. DATE OF DEATH Month Oct. Day 15 Year 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH 11-3-77 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cupola charger 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Remington, Ind. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---------- 16. SOCIAL SECURITY NO. -------- 17. INFORMANT Ellis Fischel Hosp. Address Columbia Mo

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) Metastatic Melanoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary Melanocarcinoma left orbit (conjunctiva) — INTERVAL BETWEEN ONSET AND DEATH 7 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) 192X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 25 Nov 55, to 16 Oct 57 and last saw him alive on 28 June 57
Death occurred at 6 00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ned D. Rodes (Degree or title) M.D. 22b. ADDRESS Ellis Fischel Cancer Hosp. 22c. DATE SIGNED 16 Oct

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 10/17/57 23c. NAME OF CEMETERY OR CREMATORY Grandin Cemetery 23d. LOCATION (City, town, or county) Grandin, Mo. (State)

24. FUNERAL DIRECTOR Lynn Edwards, Doniphan, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. Oct 16 1957 26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 23 1957

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 Lyman H. Sprenkle

Licensed Embalmer No. 401

P. O. Address Salem

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.