

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006290

STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 172 Primary Registration District No. 5643 Registrar's No. 12

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREEDOM</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>FREEDOM Twp 0540</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/2 Mi. S.E. OF CONCORDIA Mo.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>3 1/2 Mi S.E. OF CONCORDIA Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>DORA MARIE CAROLINE HINCK</u>			4. DATE OF DEATH Month Day Year <u>FEB 24 1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 28, 1901</u>		9. AGE (In years last birthday) <u>56</u> 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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>SALINE County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>LOUIS WEBER</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIE ECKHOFF</u>		14. NAME OF HUSBAND OR WIFE <u>OTTO HINCK</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-03-6478</u>	17. INFORMANT Address <u>OTTO HINCK CONCORDIA, MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of breast with local and generalized metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mon.</u>
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) <u>170X</u>		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 Month, Day, Year 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 <u>Concordia, Mo</u>	COUNTY <u>Mo</u>	STATE
21. I attended the deceased from <u>Nov 24, 1956</u> to <u>Feb 24, 1958</u> and last saw her alive on <u>Feb 22, 1958</u> Death occurred at <u>2:29</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>H. H. Brady, M.D.</u>		22b. ADDRESS <u>Concordia, Mo</u>	22c. DATE SIGNED <u>2/24/58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/26/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOLY CROSS</u>	23d. LOCATION (City, town, or county) (State) <u>EMMA Mo</u>
24. FUNERAL DIRECTOR <u>E. A. James</u> ADDRESS <u>Concordia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-26-58</u>	26. REGISTRAR'S SIGNATURE <u>Marie D Bailey</u>

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

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....

P. O. Address Concordia, M.....

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.