

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008692

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4013 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <del>County</del> <u>Atchison</u> b. <del>State</del> <u>Missouri</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Phelps City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Phelps City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION			Length of stay in 1b <u>73 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>0030</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Tillie</u> Middle <u>Marie</u> Last <u>HINRICHS</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>17</u> Year <u>1958</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 16, 1885</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Woman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Phelps City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Ben R. Hinrichs</u>				14. MOTHER'S MAIDEN NAME <u>Eve Mc BURR</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> <u>X</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Alvina Bray - Phelps City, 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>Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma - Primary Rt Breast</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>2 hrs</u>		
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 _____ a. m. _____ p. m.									
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Nov, 1956</u> to <u>March, 1958</u> and last saw her alive on <u>March 17, 1958</u> Death occurred at <u>7L m on the date stated above; and to the best of my knowledge, from the causes stated.</u>									
22a. SIGNATURE <u>James R. Allen, M.D.</u>				22b. ADDRESS <u>Rock Port, Mo</u>		22c. DATE SIGNED <u>3-18-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar 19, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Nunter Cemetery</u>		23d. LOCATION (City, town, or county) <u>Rock Port</u>		STATE <u>Mo</u>		
24. FUNERAL DIRECTOR <u>Bart Wolanew Funer Home - Rock Port, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Mar 19, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Theroin J. Schaefer</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner must be causally related. Coroner cannot certify to a death due to natural causes.

In, Office vice

0030  
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Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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.....  
Licensed Embalmer No. 486  
P. O. Address Turkio, Mo.

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.