

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012814

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 57

300
1-57

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All deaths in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Saline</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Saline</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>R.F.D. Slater</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, or institution) HOSPITAL OR INSTITUTION <i>City of Marshall</i>		Length of stay in ab. <i>3 months</i>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Frank</i> Middle <i>William</i> Last <i>Hinnah</i>			4. DATE OF DEATH Month <i>March</i> Day <i>31</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 10 1902</i>		9. AGE (In years last birthday) <i>56 2/3</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>active</i>	11. BIRTHPLACE (City and state or country) <i>Saline Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Henry Hinnah</i>		13b. MOTHER'S MAIDEN NAME <i>Gisette Bierbaum</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>World war one</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT Name <i>Herbert Hinnah, Gilliam</i> Address <i>Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral embolus, acute</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Phlebitis, right upper leg</i>					<i>7 days</i>
DUE TO (c) <i>Cerebral hemorrhage + hemiplegia R.</i>					<i>3 1/2 months</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Essential hypertension</i>					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 _____ a.m. _____ p.m. Month, Day, Year _____			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 <i>3-1-55</i> to <i>3-31-58</i> and last saw him alive on <i>3-31-58</i> Death occurred at <i>4 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C.A. McBurney, M.D.</i> (Print name or title)			22b. ADDRESS <i>Slater, Mo.</i>		22c. DATE SIGNED <i>4-2-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-2-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Little Rock Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>R.F.D. Slater Mo.</i>
24. FUNERAL DIRECTOR <i>Hill Brothers - Slater, Mo.</i> ADDRESS			25. DATE RECD. BY LOCAL REG. <i>4-2-58</i>		26. REGISTRAR'S SIGNATURE <i>Leid J. Head</i>



APR 11 1958

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 *Sam M. Hill*

Licensed Embalmer No. *1292*

P. O. Address *Slater mo*

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.