

HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013100

STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 4 Primary Registration District No. 5077 Registrar's No. 46

Health, Welfare Public Service
00303
300
1-56

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

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Twsp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0034		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR 6 MI. S.W. of Langdon			Length of stay in lb 2 hrs.	d. STREET ADDRESS (If outside, give location) 4 MI. N. of Fairfax			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GROVER Middle DEAN Last HINDMAN				4. DATE OF DEATH Month May Day 6 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 3, 1888		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Atchison County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Hindman				14. MOTHER'S MAIDEN NAME Elizabeth Graves			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. ***** 496-42-0081		17. INFORMANT W.L. Hindman		Address Fairfax Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multitumored							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)					850X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 46							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Wood Overturned,						
20c. TIME OF INJURY 1:00 P. M. 2-6-58	Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Six Miles South West of Langdon		20f. CITY, TOWN, OR LOCATION COUNTY 003 STATE Benton Twp. Atchison Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W.E. Gaines Sr Sheriff				22b. ADDRESS Rock Port, Mo.		22c. DATE SIGNED 5-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/8/1958	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge		23d. LOCATION (City, town, or county) (State) Fairfax Missouri			
24. FUNERAL DIRECTOR Schooler Funeral Home			ADDRESS Fairfax Mo	25. DATE RECD. BY LOCAL REG. May 7, 1958		26. REGISTRAR'S SIGNATURE Tharvin H. Schaefer	

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1958

JUN 9 1958

MAY 27 1959

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 *Harwin N. Schast*

Licensed Embalmer No. *41*

P. O. Address *Fairfax*

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.