

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018916  
State File No.

FILED MAY 19 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 112

0570

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Lincoln</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St Charles</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Tray</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Tray</i>	
c. LENGTH OF STAY (In this place) <i>14 days</i>		d. STREET ADDRESS (If rural, give location) <i>Rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Tray Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARY</i>		b. (Middle) <i>P.</i>	
c. (Last) <i>HINKEL</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 12 1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 3 1899</i>
9. AGE (In years last birthday) <i>69</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>	11. BIRTHPLACE (State or foreign country) <i>St Charles Co. Mo</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Marcus Beller</i>		13b. MOTHER'S MAIDEN NAME <i>Boehmer</i>	14. NAME OF HUSBAND OR WIFE <i>Geo. J. Hinkel</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>George J. Hinkel Fallon Mo</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i>  ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>332X</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>April 24 1958</i> , to <i>May 12, 1958</i> , that I last saw the deceased alive on <i>May 7, 1958</i> , and that death occurred at <i>8:00 pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Harold P. Mungard D.O.</i>		23b. ADDRESS <i>0 Fallon Trce</i>	23c. DATE SIGNED <i>May 14 1958</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 16 '58</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Assumption</i>	24d. LOCATION (City, town, or county) (State) <i>Fallon Mo</i>
DATE REC'D BY LOCAL REG. <i>May 16 1958</i>	REGISTRAR'S SIGNATURE <i>Charlotte Seek Deputy</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ed Betty Fallon Mo.</i>	

MAY 29 1958

MAY 23 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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*E. A. Keithley*

Licensed Embalmer No. *872*

P. O. Address *Dallan 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 this body is not embalmed, fact should be so stated above.