

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019049
STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East Prairie 0671 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Length of stay in 1b 75 Yrs.		d. STREET ADDRESS (If outside, give location) N. Kirkendall St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last William Alfred Hinshaw			4. DATE OF DEATH Month Day Year May 11, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1872
9. AGE (In years last birthday) 85		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) Minister		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Berkley, Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Andrew J. Hinshaw	
13b. MOTHER'S MAIDEN NAME Nancy Tubb		14. NAME OF HUSBAND OR WIFE Kate Florence Hinshaw	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT Address Melton Hinshaw, Pine Bluff, Ark.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attention Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Religious DUE TO (c) 1955 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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 a.m. 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 COUNTY STATE
21. I attended the deceased from No. Dr. to and last saw her/him alive on May 11, 1958 2:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Gertrude G. Harper, Local Registrar, East Prairie, Mo.		22b. ADDRESS 8	22c. DATE SIGNED 5-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-13-58	23c. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Missouri
24. FUNERAL DIRECTOR ADDRESS Travis Shelby, East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 5-17-58	REGISTRAR'S SIGNATURE Gertrude G. Harper

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed 6-2-58

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 Travis Shelly _____

Licensed Embalmer No. 4940 _____

P. O. Address East Prairie _____

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.