

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021165
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 242

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau Mo
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 50 East No Hospital		Length of stay in lb 20yrs	d. STREET ADDRESS (If outside, give location) 930 Hickory Street
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Arthur Lee Hinze			4. DATE OF DEATH Month Day Year May, 26, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June, 24, 1907	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason		10b. KIND OF BUSINESS OR INDUSTRY Builder.	11. BIRTHPLACE (City and state or country) Cambdon Ark.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert Hinze		13b. MOTHER'S MAIDEN NAME Bertha Good		14. NAME OF HUSBAND OR WIFE Eva Morris Hinze	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-16-5084	17. INFORMANT Mrs Eva Hinze Cape Girardeau Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Coronary sclerosis DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours Synot
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"/>

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 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 Cape Girardeau Mo	COUNTY Mo	STATE Mo
21. I attended the deceased from Dec 7, 1948 to May 26, 1958 and last saw him alive on May 26, 1958 Death occurred at 4:25 PM on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE John Crowe md	(Degree or title)	22b. ADDRESS Cape Girardeau Mo	22c. DATE SIGNED 5-28-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/58	23c. NAME OF CEMETERY OR CREMATORY Bloomfield Mo Cemt	23d. LOCATION (City, town, or county) Bloomfield Mo.
24. FUNERAL DIRECTOR L.L. Haman	ADDRESS Cape Girardeau Mo	25. DATE RECD. BY LOCAL REG. June 11, 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper

(Licensed Emballer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

JUN 16 1958

JUN 18 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 *H. P. Hamman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.