

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021201
State File No.

FILED JUL 8 1958

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRISONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u> <u>0510</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>ELIZABETH ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HARRISONVILLE HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HINCHMAN</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 4, 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 6, 1875</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MINUTES <u>0</u>
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10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KINGSVILLE, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JAMES HINCHMAN</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH STEWART</u>	14. NAME OF HUSBAND OR WIFE <u>INA HUNT HINCHMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELINOR MIDDLESWORTH, HOLDEN, MO</u>	ADDRESS <u>---</u>
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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		19. INTERVAL BETWEEN ONSET AND DEATH <u>4 WEEKS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIO SCLEROTIC HEART DISEASE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>NO</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4200</u>
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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
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22. I hereby certify that I attended the deceased from JULY 1, 1958, to 4 JULY, 1958, that I last saw the deceased alive on 4 JULY, 1958, and that death occurred at 6:30 m., from the causes and on the date stated above.

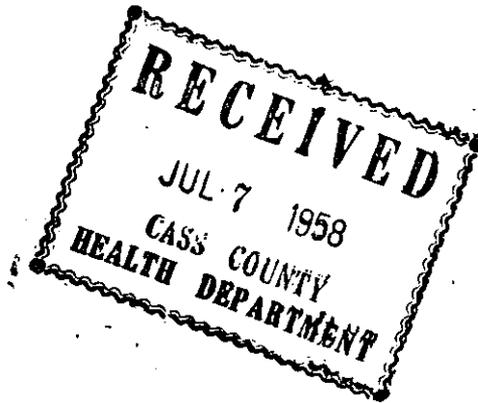
23a. SIGNATURE <u>J. J. Dargatzis, MD</u>	(Degree or title)	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>4 JULY 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 6, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSEHILL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>LATOUR, MO.</u>
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DATE REC'D BY LOCAL REG. <u>July 4, 1958</u>	REGISTRAR'S SIGNATURE <u>Dora Baird</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Black</u>	ADDRESS <u>Holden, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 13 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 *J.B. Clark*

Licensed Embalmer No. 4059

P. O. Address Hollen, 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.