

THE DIVISION OF HEALTH OF MISSOURI 33719-58 58-030049
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

8
 FILED SEP 3 1958

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY St Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Clair				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Appleton City		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	d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Robert Herman Hinkle				First	Middle	Last	4. DATE OF DEATH Aug 25 - 1958	
5. SEX Mo	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 28 1958		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Appleton City, Mo		12. CITIZENSHIP U.S.A.		
13. FATHER'S NAME Herman E. Hinkle				14. MOTHER'S MAIDEN NAME Vona L. Dines				
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. None		17. INFORMANT Mrs Vona Hinkle Address Appleton City				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPIRATION ASPHYXIA							INTERVAL BETWEEN ONSET AND DEATH SUDDEN	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____	
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 093		COUNTY		STATE
21. I attended the deceased from June 29 1958 to Aug 25 1958 and last saw her alive on Aug 20 1958 . Death occurred at B.O.D. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Robert H. Bronshten MD				22b. ADDRESS Appleton City, Mo			22c. DATE SIGNED Aug 25 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Aug 26 - 1958	23c. NAME OF CEMETERY OR CREMATORIA Lowry City Cemetery		23d. LOCATION (City, town, or county) (State) Lowry City, Mo.				
24. FUNERAL DIRECTOR Melvin L. Janssens, Appleton City				25. DATE RECD. BY LOCAL REG. Aug 26 - 1958		26. REGISTRAR'S SIGNATURE Oleo Abner		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 48

P. O. Address Appleton

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.