Health, & Welfare Public Service

S. 300 1-57

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-033410
STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 181 Primary Registration District No. 4294 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN: Silex — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Castlewood Home — Length of stay in Ib: 2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Silex — Inside Limits: Yes [ ] No [XX]
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Grover Middle: Cleveland Last: Hinds

4. DATE OF DEATH: Month Sept. Day 15 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Apr. 28, 1885
9. AGE (In years last birthday): 73 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen Farming
11. BIRTHPLACE (City and state or country): Lincoln Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Israel R. Hinds
13b. MOTHER'S MAIDEN NAME: Elizabeth Cannon
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Kathleen Lovell, Troy, Missouri. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: ONE HOUR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS, CEREBRAL — UNK
DUE TO (c): 331X
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 August 25, 1958, to Sept. 10, 1958 and last saw him alive on Sept. 10, 1958
Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul T. Berry MD (Degree or title)
22b. ADDRESS: Troy, Mo.
22c. DATE SIGNED: 9/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/17/58
23c. NAME OF CEMETERY OR CREMATORY: Mill Creek Cem.
23d. LOCATION (City, town, or county) (State): Lincoln Co. Missouri.

24. FUNERAL DIRECTOR: Kemper-Marsh Funeral Home, Troy, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 10/6/1958
26. REGISTRAR'S SIGNATURE: Mrs Clarence Kientzy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

## 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, ~~xxxx~~ ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.