

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041077
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 291 Primary Registration District No. 433 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		c. CITY OR TOWN Unionville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1209 Jefferson		d. STREET ADDRESS (If outside, give location) 1209 Jefferson	

3. NAME OF DECEASED (Type or print) First Middle Last John Talbot Hinkle			4. DATE OF DEATH Month Day Year November 3, 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 Nov. 15, 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 11 Days 18	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier		10b. KIND OF BUSINESS OR INDUSTRY Bank		11. BIRTHPLACE (City and state or country) Rulo, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Adam Hinkle		13b. MOTHER'S MAIDEN NAME Mary Mildred Easley		14. NAME OF HUSBAND OR WIFE Mayme Hinkle	
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. 506-12-9871		17. INFORMANT Address Mrs. Mayme Hinkle 1209 Jefferson, Unionville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>Possibly ruptured Aneurysm</u> DUE TO (c) <u>Lues</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 7 days		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			026 X		

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 <u>Aug. 1945</u> to <u>Nov. 3, 1958</u> and last saw him alive on <u>Nov. 3, 1958</u> Death occurred at <u>10:30</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) <u>L.W. McDonald DO 2</u>		22b. ADDRESS Unionville, Missouri		22c. DATE SIGNED 11/5/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/6/58		23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	
23d. LOCATION (City, town, or county) Unionville, Missouri		23e. (State)			

24. FUNERAL DIRECTOR Comstock Funeral Home By <u>John D. Comstock</u>		ADDRESS Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 11-22-1958		26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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SEP 20 1954

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 *John N. Comstock*

Licensed Embalmer No. *3891*

P. O. Address *Unionville, N.C.*

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.