

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044746

STATE FILE NUMBER

FILED JAN 7 1959

Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 1

300
-57

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>LA FAYETTE</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>FREEDOM</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>CONCORDIA</i> 0540 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2 MI NORTH CONCORDIA MO</i>		Length of stay in lb <i>71 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>509 WEST ST.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Albert</i> Middle <i>H.</i> Last <i>Hinck</i>			4. DATE OF DEATH Month <i>DEC.</i> Day <i>30</i> Year <i>1958</i>
5. SEX <i>White Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>AUG. 26, 1887</i>
9. AGE (In years last birthday) <i>71</i>		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) <i>FARMING RETIRED</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>GEN. FARMING</i>	11. BIRTHPLACE (City and state or country) <i>CONCORDIA, MO</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>THEES HINCK</i>	
13b. MOTHER'S MAIDEN NAME <i>MARY BECKER</i>		14. NAME OF HUSBAND OR WIFE <i>Laura Hinck Deceased</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT <i>MRS. MARVIN NIENHUISER</i> Address <i>CONCORDIA, MO</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Trauma sustained in a motor car collision</i>			INTERVAL BETWEEN ONSET AND DEATH <i>immediate death</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>DFX cervical spine, D very extensive crushing injury to chest with peduncular ribs and many lacerations. D Fx of femur.</i>			
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 checked="" 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.) <i>Motor car collision as Hinck car was turning left from Mo 23 highway to a side road.</i> 054		
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Mo 23 highway Concordia Mo</i>	20f. CITY, TOWN, OR LOCATION <i>Concordia</i>	COUNTY <i>Lafayette</i>
21. I attended the deceased from <i>after death</i> to <i>2:15</i> and last saw her alive on <i>never</i> Death occurred at <i>2:15 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. Martin MD</i>		22b. ADDRESS <i>Coroner 3 O'Leary Mo</i>	22c. DATE SIGNED <i>12-30-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>JAN 2, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>ST. PAULS</i>	23d. LOCATION (City, town, or county) (State) <i>CONCORDIA MO</i>
24. FUNERAL DIRECTOR <i>E. S. James</i> ADDRESS <i>Concordia, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 2, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Lutie Gordon Jordan</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, or by me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2458.....

P. O. Address Concordia, N......

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.