

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047138

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6255

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Length of stay in lb 40 yrs.	
3. NAME OF DECEASED (Type or print) First WALTER Middle J. Last HINK.		4. DATE OF DEATH Month Dec. Day 30, Year 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 Jan 28, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter-carpenter.		10b. KIND OF BUSINESS OR INDUSTRY bldg.	9. AGE (In years last birthday) 61
11. BIRTHPLACE (City and state or country) Joplin Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Henry Hink.		14. MOTHER'S MAIDEN NAME Margaret Grother.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes. W.W.#1.		16. SOCIAL SECURITY NO. 486 09 1835	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Lobar.		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarct, massive.			
DUE TO (c) _____		42.01	
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 checked="" type="checkbox"/> NO <input 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 _____ 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	COUNTY STATE
21. I attended the deceased from December 28, 1958 to December 30, 1958 and I am not alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. J. Williams, M.D.		22b. ADDRESS V.A. Hospital, Kansas City Missouri	22c. DATE SIGNED 12-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12-30-58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery.	23d. LOCATION (City, town, or county) (State) Ft. Leavenworth Kansas.
24. FUNERAL DIRECTOR WARNICK EADS. Kansas City Kansas.		25. DATE RECD. BY LOCAL REG. 1-1-59	26. REGISTRAR'S SIGNATURE neva munsell

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Licensed Embalmer No.....

P. O. Address.....

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.