

Health,  
Welfare  
Public  
Service

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Robert B. Beahm M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006243

STATE FILE NUMBER

FILED MAR 3 1959

Registration District No. 173 Primary Registration District No. 4273 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>DAVIS</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>CONCORDIA, MO</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 1/2 MI. N.E.W. CONCORDIA MO.</b>		Length of stay in lb <b>75 YRS</b>		d. STREET ADDRESS (If outside, give location) <b>6 1/2 MI. N.E.W.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>G</b> Last <b>HINCK</b>				4. DATE OF DEATH Month <b>FEB.</b> Day <b>22</b> Year <b>1959</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>AUG. 18. 1876</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GEN. FARMING</b>		11. BIRTHPLACE (City and state or country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN HINCK</b>		13b. MOTHER'S MAIDEN NAME <b>META WUELBORN</b>		14. NAME OF HUSBAND OR WIFE <b>CLARA HINCK</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-40-7075</b>		17. INFORMANT <b>MELVIN E. HINCK</b>		Address <b>CONCORDIA, MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>						INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ACV Disease</b>						Years <b>Years</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.) <b>4201</b>				
20c. TIME OF INJURY Hour <b>8:30</b> Month, Day, Year <b>2/22/59</b> a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>1957</b> to <b>2/22/59</b> and last saw him alive on <b>2/22/59</b> Death occurred at <b>8:30</b> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Robert B. Beahm, M.D.</b> (Degree or title)		22b. ADDRESS <b>Kepperville, Mo.</b>		22c. DATE SIGNED <b>2/23/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2/24/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. PAUL'S</b>		23d. LOCATION (City, town, or country) <b>CONCORDIA</b>		(State) <b>MO</b>	
24. FUNERAL DIRECTOR <b>E.S. James</b>		ADDRESS <b>Concordia, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 25 1959</b>		26. REGISTRAR'S SIGNATURE <b>Lutie Gordon Jordan</b>	

MS JUN 27 1930

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. J. James.....

Licensed Embalmer No. 2058.....

P. O. Address Concordia.....

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.