

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008057
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED FEB 24 1959 Registration District No. 322 Primary Registration District No. 6087 Registrar's No. 7

300
-57

1. PLACE OF DEATH a. COUNTY SALINE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAY TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CLAY TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 MILES S.E. GILLIAM MO.		Length of stay in lb 5 yrs	d. STREET ADDRESS (If outside, give location) 7 MILES S.E. GILLIAM MO.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle JOHN Last HINNAH			4. DATE OF DEATH Month FEB Day 17 Year 1959		
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 SEPT 5 1892	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days 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 FARM	11. BIRTHPLACE (City and state or country) MARTHASVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HERMAN HINNAH		13b. MOTHER'S MAIDEN NAME WILHELMENIA BIERBAUM		14. NAME OF HUSBAND OR WIFE AMANDA HINNAH	
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.	17. INFORMANT Address EARL HINNAH, GILLIAM, 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) Acute coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis					Years
DUE TO (c) Generalized arteriosclerosis					Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4081					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.)		
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 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 3-5-1937 to 2-17-59 and last saw him alive on 2-16-59 Death occurred at 8:30am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C.A. McBurney, M.D. (Degree or title)			22b. ADDRESS Slater, Mo.		22c. DATE SIGNED 2-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
BURIAL		2-19-59	LITTLE ROCK		SALINE COUNTY MO.
24. FUNERAL DIRECTOR W.J. HAINES, JR.		ADDRESS SLATER, MO.		25. DATE RECD. BY LOCAL REG. 2-19-59	26. REGISTRAR'S SIGNATURE Mrs. Earl C. Metz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their reports. 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Walter J. Haines, J*

Licensed Embalmer No. *4557*

P. O. Address *Slater, 7*

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.