

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010339
STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Demissot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demissot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hayti</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR (If not in hospital, give location) <u>Demissot County Memorial</u>		Length of stay in lb <u>15 hours</u>	d. STREET ADDRESS (If outside, give location) <u>South 4th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Garth Luten Hinchey</u>			4. DATE OF DEATH Month Day Year <u>March 28, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Oct 31, 1895</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>28</u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Recreation Parlor owner + operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wagsliff Kentucky</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Joshua Hinchey</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Linkey Ebernathy</u>		14. NAME OF HUSBAND OR WIFE <u>Harold Hinchey - Caruthersville, Mo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Harold Hinchey - Caruthersville, Mo</u>		

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>Coronary infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>4201</u>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE 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>3-27-59</u> to <u>3-28-59</u> and last saw him alive on <u>3-28-59</u> Death occurred at <u>3-28-59: 10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>A. J. Wiley</u>	22b. ADDRESS <u>MO Hayti, Mo.</u>	22c. DATE SIGNED <u>3- -59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Little Branch Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Caruthersville, Mo</u>
24. FUNERAL DIRECTOR <u>John W. German</u>		25. DATE RECD. BY LOCAL REG. <u>3-30-59</u>	26. REGISTRAR'S SIGNATURE <u>Valeria Papham</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

5961 08 1957

7/1959

CAROLINEVILLE, MO.

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 H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, Mo.*

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.