

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012045
STATE FILE NUMBER

Health, Welfare, Public Service
300
-57
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

FILED APR 8 1959 Registration District No. 356 Primary Registration District No. 6206 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RAYMONDVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RAYMONDVILLE 1070 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) MO. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last STEPHEN DECATUR HINTON			4. DATE OF DEATH Month Day Year MARCH 19-1959
5. SEX MALE	6. COLOR OR RACE WHT	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 10 1903
9. AGE (In years last birthday) 55		10. F UNDER 1 YEAR Months 7 Days 9	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBER MILLING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TEXAS COUNTY
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM HINTON	
13b. MOTHER'S MAIDEN NAME LOTTIE PAULSTON		14. NAME OF HUSBAND OR WIFE RUTH McCOLGIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-09-7818	17. INFORMANT RUTHINE BARNES-HUTCHISON-KANSAS Address 525 E. 7th ST
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Adeno carcinoma			INTERVAL BETWEEN ONSET AND DEATH yes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Carcinoma of the Colon			yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538			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 2/22/59 to 3-19-59 and last saw him alive on 3-17-59 Death occurred at 12:15 PM 3/19/59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. H. Tom (Degree or title) M.D.		22b. ADDRESS Box 417, Houston, Mo.	22c. DATE SIGNED 4-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	3-22-59	VOLLMAR	3 1/2 mi N.W. RAYMONDVILLE-MO
24. FUNERAL DIRECTOR L. J. Evans Houston Mo		25. DATE RECD. BY LOCAL REG. 4-6-59	26. REGISTRAR'S SIGNATURE Myrtie Craig

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 *Jewell C. Craig*

Licensed Embalmer No. *4766*

P. O. Address *Mtn. Grove*

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.