

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-01269  
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 032 Primary Registration District No. Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <i>Bellinger Osance</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> COUNTY <i>Bellinger</i>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <i>Rural</i>		c. CITY OR TOWN <i>Rural</i> 0090	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Life</i>		d. STREET ADDRESS (If outside, give location) <i>Near Leopold</i>	
3. NAME OF DECEASED First <i>Edward</i> Middle <i>John</i> Last <i>Hinkebein</i>			4. DATE OF DEATH Month <i>April</i> Day <i>24</i> Year <i>1959</i>
5. SEX <i>m.</i>	6. COLOR OR RACE <i>w.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 15, 1916</i>
9. AGE (In years last birthday) <i>42</i>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Farmer</i>	11. BIRTHPLACE (City and state or country) <i>Leopold, Mo.</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Mienrad Hinkebein</i>		13b. MOTHER'S MAIDEN NAME <i>Bernadina Steinward</i>	14. NAME OF HUSBAND OR WIFE <i>✓</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes World war II</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Bernadina Hinkebein, Leopold, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute circulatory failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>coronary artery occlusion</i> DUE TO (c) <i>coronary atherosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>Death on My Arrival</i> and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Edwin Elton Keads</i>		22b. ADDRESS <i>Lutesville Mo</i>	22c. DATE SIGNED <i>4-25-1959</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>April 27, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. John's Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Leopold Mo.</i>
24. FUNERAL DIRECTOR <i>Baker Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>4-28-59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Bufal Crader</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1951 8

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 *J. E. Graham* .....

Licensed Embalmer No. *4010* .....  
P. O. Address *Lutesville, Md.* .....

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.