

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015116

STATE FILE NUMBER 2853

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DESLOGE		d. STREET ADDRESS (If outside, give location) 4311 JOHN AVE	
3. NAME OF DECEASED (Type or print) First Middle Last Jay V. Hinshaw		4. DATE OF DEATH Month Day Year 3 19 59	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 4 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY MAINTENANCE	
11a. FATHER'S NAME THOMAS B. HINSHAW		11b. MOTHER'S MAIDEN NAME UNKNOWN	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12b. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME THOMAS B. HINSHAW		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14a. NAME OF HUSBAND OR WIFE ETHEL HINSHAW DE		14b. NAME OF HUSBAND OR WIFE ETHEL HINSHAW DE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. MARY WHITE HEAD		17. INFORMANT MRS. MARY WHITE HEAD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Generalized Carcinomatosis Carcinoma of Ampulla of Vater DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 8 mo. 8+ mo.	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 155.1	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION ST. LOUIS		20f. COUNTY STATE	
21. I attended the deceased from Death occurred at 7:10 PM		21. I attended the deceased from Death occurred at 7:10 PM	
22a. SIGNATURE John J. Coleman (Degree or title)		22b. ADDRESS St. Louis, Mo.	
22c. DATE SIGNED 3-20-59		22d. DATE SIGNED 3-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-21-59	
23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW		23d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
24. FUNERAL DIRECTOR STOCK MORT. 2117 E. GRAND		25. DATE RECD. BY LOCAL REG. MAR 20 '59	
26. REGULAR'S SIGNATURE Earl Smith M.D.		26. REGULAR'S SIGNATURE Earl Smith M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Paul Q. Wachter

Licensed Embalmer No. 7282

P. O. Address .....  
Harris

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.