Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020850
STATE FILE NUMBER

FILED JUN 16 1959 Registration District No. 101 Primary Registration District No. _____ Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Douglas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Douglas
c. CITY OR TOWN Drury — Inside Limits Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Arto Hitchcock
4. DATE OF DEATH Month Day Year: June 7, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 15, 1912
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (City and state or country): Buckhart, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: James Hitchcock
13b. MOTHER'S MAIDEN NAME: Susan Hurst
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. Two
16. SOCIAL SECURITY NO.: 487-32-463
17. INFORMANT Address: Mrs. Susan Hitchcock, Drury, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) By Hanging himself
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Broken neck or Strangulation
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 974X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Approximately Sunday morning, June 7, 1959
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At his farm home
20f. CITY, TOWN, OR LOCATION: Drury, COUNTY: Douglas, STATE: Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at ? A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: C. V. Clinkingbeard (Degree or title) Coroner
22b. ADDRESS: Ava, Missouri
22c. DATE SIGNED: 6-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-12-59
23c. NAME OF CEMETERY OR CREMATORY: Hurst
23d. LOCATION (City, town, or county) (State): Drury, Missouri
24. FUNERAL DIRECTOR ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.
25. DATE RECD. BY LOCAL REG.: June 11-59
26. REGISTRAR'S SIGNATURE: Vestal Buchman
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

84-0

JUN 17 1959

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 Lyle C. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Cuba, 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.