

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022000

FILED VS. MAY 27 1960 333

Primary Registration District No. 3074 Registrar's No. 131

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON, MO.		Length of stay in lb 2 yrs.	c. CITY OR TOWN EAST PRAIRIE, MO.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SHUFFIT NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) S. MARTIN ST.
3. NAME OF DECEASED (Type or print) First ZURA Middle DULCINA Last HINCHEY		4. DATE OF DEATH Month MAY Day 16 Year 1960	
5. SEX female	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 5-10-1892
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) MAYFIELD, KY.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME GEORGE TIMMONS	
13b. MOTHER'S MAIDEN NAME IDA ODEL		14. NAME OF HUSBAND OR WIFE MILLER HINCHEY (deceased)	
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 Address MRS. HUNT WELBORN EAST PRAIRIE, MO.
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>Cerebrovascular accident</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	Month, Day, Year		
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 <u>11/15/58</u> to <u>5-16-60</u> and last saw her <u>him</u> alive on <u>5-15-60</u> . Death occurred at <u>9:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. D. Urban</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Sikeston</u>	22c. DATE SIGNED <u>5-17-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-18-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ODDFELLOW CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>BARLOW, KY.</u>
24. FUNERAL DIRECTOR <u>SHELBY FUNERAL HOME EAST PRAIRIE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>5-17-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Norris Shelby Sr.

Licensed Embalmer No. 279

P. O. Address East Pr...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.