

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029884

FILED VS AUG 22 1960

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 5790 Registrar's No. 78

INDEXED

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boonville				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton Twp.		Length of stay in 1b		c. CITY OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2/10 mi. N. city			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 624 N. Main St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robert Middle Neale Last Hines				4. DATE OF DEATH Month Aug. Day 14, Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/22/1942	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months 17 Days 17 Hours 17 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Auto Parts		11. BIRTHPLACE (City and state or country) Marceline, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Andrew Clay Hines			13b. MOTHER'S MAIDEN NAME Pansy Wilson		14. NAME OF HUSBAND OR WIFE Margie Hines			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. 496-42-3630		17. INFORMANT Pansy Hines Brookfield, 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) Multipipe Head Injuries, Crushed Chest. DUE TO (b) Chest. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Auto Accident - auto + T.T. accident N. of City						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 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 017 a.m. p.m. 		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Aug 14, 1960 to Aug 14 1960 and last saw ^{her} him alive on Death occurred at 4:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R.M. Marshall Jr Coroner				22b. ADDRESS Carrollton Mo		22c. DATE SIGNED 8/14/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/14/60	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet		23d. LOCATION (City, town, or county) (State) Marceline Mo			
24. FUNERAL DIRECTOR Gibson Funeral Home Carrollton				25. DATE RECD. BY LOCAL REG. 8/14/60		26. REGISTRAR'S SIGNATURE Marjorie Carroll		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 7 1961

JUN 9 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ben W. Gibbs

Licensed Embalmer No. 2961

P. O. Address Carroll

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