

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1960

-60-039064
STATE FILE NUMBER

Registration District No. 218

Primary Registration District No. 5784

Registrar's No. 37

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN James Boyou Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN East Prairie, Mo. Rt. 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.W. Of E. Prairie		Length of stay in lb. 80 Years	d. STREET ADDRESS (If outside, give location) 1670 East Prairie, Mo. Rt. 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Luther Middle Laffette Last Hinshaw			4. DATE OF DEATH Month Sept. Day 14 Year 60		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1876		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Berkley Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Andren Jackson Hinshaw		13b. MOTHER'S MAIDEN NAME Naucy Hinshaw Gowdin		14. NAME OF HUSBAND OR WIFE Never Married	
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. -----		17. INFORMANT Johnie Hinshaw E. Prairie, Mo. Rt. 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca of Liver					INTERVAL BETWEEN ONSET AND DEATH S.K
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca of head of pancreas					S.K
DUE TO (c) _____					157X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility - Obstructive Jaundice					19. WAS AUTOPSY PERFORMED? 0 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 _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 Aug 10, 1960 to Sept 14 1960 and last saw ^{her} _{him} alive on Sept 13 1960 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) E. Charles Selwing M.D.			22b. ADDRESS Charleston, Mo		22c. DATE SIGNED 9/19/60
23a. BURIAL, CREMATION, REBURY (7) Burial		23b. DATE 916,60	23c. NAME OF CEMETERY OR CREMATORY I.O.C.F.		23d. LOCATION (City, town, or county) (State) Charleston, Mo. Mo.
24. FUNERAL DIRECTOR Shelby Funeral Home E. Prairie, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 9-23-60	REGISTRAR'S SIGNATURE Gertrude G. Harper	

24. FUNERAL DIRECTOR
Shelby Funeral Home E. Prairie, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.
9-23-60

REGISTRAR'S SIGNATURE
Gertrude G. Harper

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 *Travis Shelby*

Licensed Embalmer No. *49410*

P. O. Address *East St. Louis*

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.