

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960 38

-60-041031
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3006 Registrar's No. 657

INDEXED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo b. COUNTY St Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b		c. CITY OR TOWN Bridgton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3069 Smiley		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Josie Middle _____ Last Hinds				4. DATE OF DEATH Month 11 Day 26 Year '60									
5. SEX Female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/13/05		9. AGE (last birthday) 55		IF UNDER 1 YEAR Months 8 Days 13		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical nurse			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Kansas City, Kans			12. CITIZEN OF WHAT COUNTRY U. S.					
13a. FATHER'S NAME Gibson Rice				13b. MOTHER'S MAIDEN NAME Celia Rice Bowlin				14. NAME OF HUSBAND OR WIFE Kim F. Hinds					
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. 489-01-6800		17. INFORMANT Address Robert Hinds Decator, Ala.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple extreme injuries of head, neck and lower extremities Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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										INTERVAL BETWEEN ONSET AND DEATH Immed.			
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.) Auto accident - Hwy 70 in Columbia Mo									
20c. TIME OF INJURY 4:45 p.m.		Hour _____ Month, Day, Year 11-26-60		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 70		20f. CITY, TOWN, OR LOCATION Columbia		COUNTY Boone		STATE Mo			
21. I attended the deceased from Coroner's case and last saw her/him alive on _____ Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Richard E Johnson, M.D.						22b. ADDRESS Columbia, Mo				22c. DATE SIGNED 11-26-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Nov. 27, 1960		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) St. Louis		(State) Mo.			
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.					ADDRESS		25. DATE RECD. BY LOCAL REG. Nov 27, 1960		26. REGISTRAR'S SIGNATURE Mrs R E Palmer				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1950 DEC 7

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address: Columbia

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.