

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042534

FILED VS NOV 21 1960

Registration District No. 55 Primary Registration District No. 5579 Registrar's No. 202

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Twsp.		Length of stay in 1b 9 Mo's	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Convalescent Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1526 Murphy Ave.		
3. NAME OF DECEASED (Type or print) First Nettie Middle Leona Last Hinckley			4. DATE OF DEATH Month November Day 13 Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-23-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Phillips County, Ks.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME M. D. Allen		13b. MOTHER'S MAIDEN NAME Sarah Thompson		14. NAME OF HUSBAND OR WIFE Fred Hinckley, dec'd		
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. Unk	17. INFORMANT Sis- Address Mrs. Belle Cole, 1526 Murphy Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dilatated Hypostatic Lobar Pneumonia DUE TO (b) Chronic Appendicitis DUE TO (c) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 7 days.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe atherosclerosis - Scurvy				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 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 March 1959 and last saw her Nov. 12/60 and last saw him alive on Nov. 12/60 Death occurred 11 m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Mrs. Belle Cole			22b. ADDRESS Webb City, Mo		22c. DATE SIGNED 11/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-15-60	23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery,	23d. LOCATION (City, town, or county) (State) Webb City, Missouri			
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 11-15-60	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 13 1960

DEC 20 1960

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 Harvey B. Arnoe

Licensed Embalmer No. 446

P. O. Address Joplin 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.