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Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10978 STATE FILE NUMBER =60-043700

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If outside, give location) 20 So. Taylor	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Mildred Hinote			4. DATE OF DEATH Month Day Year November 13, 1960		
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 5/6/1911	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Milins Shoe Co.		11. BIRTHPLACE (City and state or country) Nettleton, Ark.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME James R. Carter		13b. MOTHER'S MAIDEN NAME Olive R. McGavock	
14. NAME OF HUSBAND OR WIFE Jerry		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. Unknown	
17. INFORMANT Jerry Hinote, 20 So. Taylor Ave.		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Subarachnoidal Hemorrhage - Direct stroke*
 DUE TO (b) *Nephritis. Chronic here apparently apparent*
 DUE TO (c) *when deceased fell in home (kitchen) on or about 10-31-60 at accident*

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See above

20c. TIME OF INJURY
Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
19 Home

20f. CITY, TOWN, OR LOCATION COUNTY STATE
See above

21. I attended the deceased from _____ and last saw her/him alive on _____
 Death occurred at _____ 10:20¹⁰ on the date stated above, and to the best of my knowledge, from the causes stated.
 _____ 9 m

22a. SIGNATURE (Physician or title)
Patricia P. Taylor

22b. ADDRESS
179 - Clover

22c. DATE SIGNED
11/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
11-14-60

23c. NAME OF CEMETERY OR CREMATORY
Nettleton Cemetery

23d. LOCATION (City, town, or county) (State)
Jonesboro, Ark.

24. FUNERAL DIRECTOR ADDRESS
Albert H. Hoppe, Inc., 1700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.
NOV 14 1960

26. REGISTRAR'S SIGNATURE
Earl Smith, M.D.

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. Danby

Licensed Embalmer No. 385

P. O. Address J. Laws

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.