

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-002267

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

15

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Monroe			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City			Length of stay in 1b		c. CITY OR TOWN Monroe City		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Junctions #36 & #24			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) R # 2		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First John Middle Henry Last Hinch				4. DATE OF DEATH Month 1 Day 10 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 6-5-1941	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nonemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ralls County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William S. Hinch			13b. MOTHER'S MAIDEN NAME Lola Nixon			14. NAME OF HUSBAND OR WIFE	
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. 486-44-4927		17. INFORMANT Lola Nixon - Hannibal, 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) Fractured cervical vertebrae 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) Fractured skull 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.) Reidy in car traveling at a high rate of speed, hit tree			
20c. TIME OF INJURY Hour 2:05 a.m. Month, Day, Year 1-10-61		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36		20f. CITY, TOWN, OR LOCATION Monroe City		COUNTY Marion	STATE Mo
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at 2:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Henry H. Sweet Jr. M.D. Coroner				22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 1-12-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-12-1961		23c. NAME OF CEMETERY OR CREMATORY Grand View Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
24. FUNERAL DIRECTOR Clark Funeral Home - Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 1/13/61		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian W. Norman	

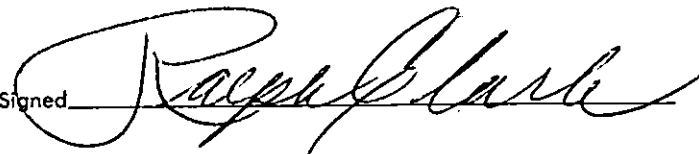
(Licensed Embalmer's Statement on Reverse Side)

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 _____



Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.