

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

**-61-005368**

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 299

AMENDED

**FILED VS FEB 20 1961**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in lb<br><b>70 yrs</b>   | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VA Hospital</b>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>1010 E. 27th Street</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>THOMAS</b> Middle <b>MERCER</b> Last <b>HINDE</b>   |   |   | 4. DATE OF DEATH<br>Month <b>1st</b> Day <b>16th</b> Year <b>1961</b>  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7-5-90</b>  | 9. AGE (last birthday)<br><b>70</b>  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Cab Driver &amp; SALESMAN</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>CARS</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Oregon, Missouri</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   | 13a. FATHER'S NAME<br><b>Thomas S. Hinde</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Flora Thompson</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Mildred Hinde</b>   |   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes WWII</b>            |  |  |
| 16. INFORMANT <b>Mildred Hinde</b> Address (Wife)<br><b>VA HOSPITAL OFFICAL RECORDS, K. C. Mo.</b>  |   |   | 17. INFORMANT Address (Wife)<br><b>VA HOSPITAL OFFICAL RECORDS, K. C. Mo.</b>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Tracheobronchial aspiration of vomitus</b> |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Severe obstructive pulmonary emphysema</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)<br><b>Coronary arteriosclerosis</b>         |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" 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<br>Hour _____ a.m. _____ p.m.<br>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  |
| 21a. attended the deceased from <b>12-20-60</b> to <b>1-16-61</b> <i>find/lost/saw/kept/drove/on/</i>   |   |   |  |  |  |
| Death occurred at <b>5:35 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |  |  |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>S. H. CHOY, M.D.</b>   |   |   | 22b. ADDRESS<br><b>VA Hospital, K. C. Mo.</b>  |  | 22c. DATE SIGNED<br><b>1-17-61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>   | 23b. DATE<br><b>JAN. 18, 1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>OREGON CEMETERY</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>OREGON MISSOURI</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMER'S SONS</b>   |   | ADDRESS<br><b>1331 BRUSH CREEK</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>1-18-61</b>   | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>                                      |

STATE OF MISSISSIPPI

**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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Index, 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.