

AMENDED Registration District No. 139 Primary Registration District No. _____ Registrar's No. 18 STATE FILE NUMBER _____

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED MAR 28 1961

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BIGELOW TWP</u>		Length of stay in 1b <u>LIFETIME</u>	c. CITY OR TOWN <u>BIGELOW</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/4 MILES S.W.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 1/4 MILES S.W.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM JACKSON HINKLE</u>		4. DATE OF DEATH Month Day Year <u>MAR 23, 1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-4-1952</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRADE SCHOOL</u>	11. BIRTHPLACE (City and state or country) <u>HOLT COUNTY, MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM J. HINKLE</u>	
13b. MOTHER'S MAIDEN NAME <u>VIOLET HENRY</u>		13c. 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) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>WILLIAM J. HINKLE Bigelow, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull Fracture</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
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"/> N <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Drove Tractor into metal gate</u>	
20c. TIME OF INJURY Hour <u>5:36</u> a.m. p.m. Month, Day, Year <u>3-23-61</u>	gate struck him on head and fractured his skull		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Home Farm</u>	20f. CITY, TOWN, OR LOCATION <u>Bigelow (Rural)</u>	COUNTY <u>Holt</u> STATE <u>MO</u>
21. I attended the deceased from <u>March 23-61</u> to <u>March 23-61</u> and last saw him alive on _____ Death occurred at <u>5:39</u> <u>P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. B. Perry M.D.</u>		22b. ADDRESS <u>Mount City Mo</u>	22c. DATE SIGNED <u>3-25-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-25-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Mount City Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>James H. Crawford Mount City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-25-61</u>	26. REGISTRAR'S SIGNATURE <u>James H. Crawford</u>

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 *James H. Blaufoed*
Licensed Embalmer No. 4796
P. O. Address Mound City,

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.