

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022698

AMENDED FILED JUL 7 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6154 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits- Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 597I A. Wabada			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 597I A. Wabada			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Howard Hinkle				4. DATE OF DEATH Month 6 Day 30 Year 61			
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/25/81	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 2 Days 5	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Boone, Mo.		12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME King Hinkle			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT Address Easter Findley 597I A. Wabada		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular thrombosis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) 332x				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"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. 	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 April 6, 1961 to June 30, 1961 and last saw ^{him} alive on June 30, 1961 Death occurred at 200 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE JOS. W. Hoard (Degree or title) M.D. Joseph Hoard M.D.				22b. ADDRESS 5593 Carson Rd. 5593 Carson Rd.			22c. DATE SIGNED 6-30-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/3/61	23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery		23d. LOCATION (City, town, or county) Robertsville, Mo.		(State)
24. FUNERAL DIRECTOR Wright Funeral Home 3100 Easton Ave.			ADDRESS		25. DATE RECD. BY LOCAL REG. JUL 1 1961	26. REGISTRAR'S SIGNATURE Boad Smith, M.D.	

STATE LICENSE NUMBER

Residence of Deceased (If Institution, Name of Institution, City, State, and Zip) (Organization) YIMWOOD

Interment Location
Yes No

Place of Death (If outside, give location)
Yes No

Year Day Month Year

DATE OF DEATH (If unknown, state "UNKNOWN")
HOUR AM PM
PLACE OF DEATH (If outside, give location)

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 Arthur P. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3100 Canton

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.