

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4911-61-036960  
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4911

FILED OCT 19 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF W. WOLF

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b> Length of stay in 1b <b>40 YEARS</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3918 CHARLOTTE STREET GROSSE NURSING HOME</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b> c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>6215 WABASH AVENUE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <b>JOHN</b> Middle <b>WILLIAM</b> Last <b>HINTON</b>			<b>4. DATE OF DEATH</b> Month <b>OCTOBER</b> Day <b>2</b> Year <b>1961</b>			
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>10/23/81</b>	<b>9. AGE (last birthday)</b> <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>DETECTIVE-HOUSE</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>HOTEL MUEHLBACH &amp; CONTINENTAL</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>JACKSONVILLE, MO.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>
<b>13a. FATHER'S NAME</b> <b>RICHARD WATSON HINTON</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>MARY ELIZABETH GREGORY</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>LILLIAN RUTH HINTON</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT</b> <b>LILLIAN RUTH HINTON-K.C.MO.</b> Address <b>6215 WABASH AVE.</b>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Pneumonia</i></u> DUE TO (b) _____ DUE TO (c) _____ 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) <u><i>Suspected Bronchogenic Carcinoma</i></u>				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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		
<b>21. I attended the deceased from</b> <u><i>May 15, 1961</i></u> to <u><i>Oct 2, 1961</i></u> and last saw <sup>her</sup> him alive on <u><i>Oct 1, 1961</i></u> Death occurred at <u><i>1:00 P.</i></u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u><i>Fack W. Wolf MD</i></u>			<b>22b. ADDRESS</b> <u><i>408 E 63 St. Kansas City, Mo.</i></u>		<b>22c. DATE SIGNED</b> <u><i>10/3/61</i></u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>		<b>23b. DATE</b> <b>OCT. 4, 1961</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>FOREST HILL CEMETERY</b>		<b>23d. LOCATION</b> (City, town, or county) (561e) <b>KANSAS CITY MISSOURI</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>D.W. NEWCOMER'S SONS</b> <b>1351 BRUSH CR KANSAS CITY MO</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <u><i>10-4-61</i></u>	<b>26. REGISTRAR'S SIGNATURE</b> <u><i>Ruth Long</i></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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C., Ia

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.