SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043666

STATE FILE NUMBER

TMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1299

AMENDED

FILED DEC 26 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph, Missouri
Length of stay in 1b: 25 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Methodist Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph, Missouri
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 711 North 22nd Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HOWARD Middle C. Last HINES
4. DATE OF DEATH: Month December Day 10 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: Feb. 22, 1909
9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattle Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Com. Co. Farmers Union Livestock
11. BIRTHPLACE (City and state or country): Pattonsburg, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Burtram Hines
13b. MOTHER'S MAIDEN NAME: Myrtle Hamilton
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sister Address: Mrs. Juanita M. Paine-St. Joseph, 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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 5 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Bronchitis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 January 7, 1959, to December 10, 1961 and last saw him alive on December 2, 1961
Death occurred at 2:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

A. J. Herman M.D.

22a. SIGNATURE: Allen J. Herman (Degree or title) M.D.
22b. ADDRESS: 706 Francis St. Joseph, Mo.
22c. DATE SIGNED: Dec. 14, 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 13, 1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri
24. FUNERAL DIRECTOR ADDRESS: Meierhoffer-Fleeman Inc., St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 21, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clarke Kendall

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1962

FEB 19 1962

FEB 23 1962

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 [illegible]

Licensed Embalmer No. 467[illegible]

P. O. Address St. Jos[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.