

=62-049468

STATE FILE NUMBER

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 178 Primary Registration District No. Registrar's No. 114

FILED JAN 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0560

205602

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY LEWIS  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWISTOWN Length of stay in lb XXXXXXXX  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXX X X X X X X Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MISSOURI COUNTY LEWIS  
 c. CITY OR TOWN MONTICELLO Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) X X X X X X X X Reside on Farm Yes  No   
 3. NAME OF DECEASED First Middle Last (Type or print) EMMETT NORMAN HINTON 4. DATE OF DEATH Month Day Year DECEMBER 28, 1962  
 5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11/1/37 9. AGE (last birthday) 25 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) MECHANIC 10b. KIND OF BUSINESS OR INDUSTRY IMPLEMENT 11. BIRTHPLACE (City and state or country) LEWIS CO., MO. 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME CHESTER HINTON 13b. MOTHER'S MAIDEN NAME MARTHA WILLIAMS 14. NAME OF HUSBAND OR WIFE NONE  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give years of service) YES 1955-1958 17. INFORMANT Address CHESTER HINTON, MONTICELLO, 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) HEMORRHAGE & SHOCK INTERVAL BETWEEN ONSET AND DEATH 30 sec.  
 DUE TO (b) RUPTURE OF DESCENDING AORTA  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) EXPLOSION OF DYNAMITE CAPS  
 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.  Yes  No  Unknown  
 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 Month, Day, Year 11:30 a.m. 12/28/62  
 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.) COAL BIN 20f. CITY, TOWN, OR LOCATION COUNTY STATE LEWISTOWN LEWIS MISSOURI  
 21. I attended the deceased from JUNE, 1958 to 12/28/62 and last saw him alive on 12/27/62  
 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE (Degree or title) John W. Wills D.O. 22b. ADDRESS LEWISTOWN, MISSOURI 22c. DATE SIGNED 12/31/62  
 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 12/31/62 23c. NAME OF CEMETERY OR CREMATORY MONTICELLO 23d. LOCATION (City, town, or county) (State) MONTICELLO, MISSOURI  
 24. FUNERAL DIRECTOR ADDRESS Charles J. Arnold, Jr. LEWISTOWN, MO. 25. DATE RECD. BY LOCAL REG. 1-12-'63 26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

USE BLACK INK OR TYPEWRITER RIBBON

JAN 17 1963

MAY 24 1963

JUN 4 1963

**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 Charles L. Crowl

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.