

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22853**

FILED AUG 7 1957

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5520** Registrar's No. **118**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Windsor</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor Twp - Rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>R.F.D. Calhoun</i>		d. STREET ADDRESS (If rural, give location) <i>R.F.D. Calhoun</i>	
3. NAME OF DECEASED (Type or Print) <i>STELLA ANN HINTON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 20, 1957</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 20, 1884</i>
9. AGE (In years last birthday) <i>67</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>
11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>H.C. Mallow</i>		13b. MOTHER'S MAIDEN NAME <i>Jennie Crowell</i>	14. NAME OF HUSBAND OR WIFE <i>J.C. Hinton</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>J.C. Hinton</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>Myocardial infarction</i>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>331x</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>July 20, 1957</i>, to <i>July 20, 1957</i>, that I last saw the deceased alive on <i>July 20, 1957</i>, and that death occurred at <i>10:05 p.m.</i>, from the causes and on the date stated above.			
23a. SIGNATURE <i>Ray B. Jordan</i>		23b. ADDRESS <i>M. J. Windsor Mo.</i>	23c. DATE SIGNED <i>7-23-57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-23-57</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calhoun</i>
24d. LOCATION (City, town, or county) (State) <i>Calhoun, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner Windsor Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Aug 1-57</i>		REGISTRAR'S SIGNATURE <i>Florence Adair</i>	ADDRESS <i>422</i>

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RECEIVED 8-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-6-51

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 _____
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Hudson, Mo.

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 this body is not embalmed, fact should be so stated above.