

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32281**

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|---|--|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>1083</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>3 days</u> | | c. CITY OR TOWN <u>Clarksdale</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0326</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>LEA</u> c. (Last) <u>HINES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 29, 1955</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>February 10, 1879</u> | | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 100 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>L. N. Mullins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ann Clark</u> | | 14. NAME OF HUSBAND OR WIFE <u>Turner L. Hines</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Turner L. Hines, Clarksdale, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Senile changes</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) (m.) | | 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 <u>June</u> , <u>1949</u> , to <u>Sept 29</u> , <u>1955</u> , that I last saw the deceased alive on <u>Sept 29</u> , <u>1955</u> , and that death occurred at <u>1:00P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Wm. Harold Fowler M.D.</u> | | | | 23b. ADDRESS <u>Maysville, Missouri</u> | | 23c. DATE SIGNED <u>9-29-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 1, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clarksdale, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Oct 12, 1955</u> | | REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Albert E. Janning*

Licensed Embalmer No. *323*

P. O. Address *Hy. York*

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.