

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43528**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1418**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH, MISSOURI WEEK		c. CITY OR TOWN Clarksdale	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hosp.		e. STREET ADDRESS 4th 1.N.E.	

3. NAME OF DECEASED (Type or Print) a. (First) Turner b. (Middle) Lilburn c. (Last) Hines			4. DATE OF DEATH (Month) (Day) (Year) 12 - 21 - 57			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-7-1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Mo (city unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Hines	13b. MOTHER'S MAIDEN NAME Francis Carroll	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) no	16. SOCIAL SECURITY NO. XXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME Major Hines	ADDRESS Clarksdale Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of mouth		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 144X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **1954** to **21 Dec.**, 19**57**, that I last saw the deceased alive on **21 Dec.**, 19**57**, and that death occurred at **12:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Kandall Wood, MD	(Degree or title) C	23b. ADDRESS 8246 Grand St., St. Joe, Mo.	23c. DATE SIGNED 12-26-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-24-1957	24c. NAME OF CEMETERY OR CREMATORY Clarksdale Cemetery	24d. LOCATION (City, town, or county) (State) Clarksdale Mo
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DATE REC'D BY LOCAL REG. 12-27-57	REGISTRAR'S SIGNATURE Mrs. Robert Fulton	25. FUNERAL DIRECTOR'S SIGNATURE John Brown	ADDRESS Maysville Mo
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(Licensed Embalmer's Statement on Reverse Side)

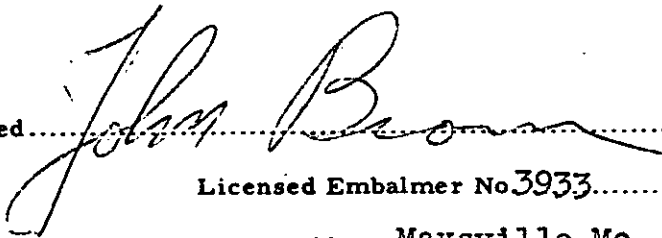
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....

Licensed Embalmer No. 3933.....

P. O. Address Maysville 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.