

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043867
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 976

300
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Clinton 0423	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 919 So. Washington		d. STREET ADDRESS (If outside, give location) 919 So. Washington	
3. NAME OF DECEASED First Norman Middle B. Last Hindes		4. DATE OF DEATH Month Dec. Day 22, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 11, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		11. BIRTHPLACE (City and state or country) Callaway Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James P. Hindes		13b. MOTHER'S MAIDEN NAME Anna Lucy Basinger	14. NAME OF HUSBAND OR WIFE Susan Green Hindes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 722-01-6356	17. INFORMANT Address Mrs. Susan Hindes, Clinton, 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) CEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH 2 WKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	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 1955 , to 29 Dec. 1958 and last saw ^{him} alive on 31 Dec. 1958 Death occurred at 6 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh B. Walker, MD		22b. ADDRESS Clinton, Mo	22c. DATE SIGNED 29 Dec. 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 23, 1958	23c. NAME OF CEMETERY OR CREMATORY La Due Cemetery	23d. LOCATION (City, town, or county) (State) La Due, Missouri
24. FUNERAL DIRECTOR ADDRESS H. A. Vassault, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. 12-22-58	26. REGISTRAR'S SIGNATURE Mildred Bigum

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 12 1959

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 *H.A. Tausant*

Licensed Embalmer No. *3779*
P. O. Address *Clinton, N.Y.*

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.