

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 13

1. PLACE OF DEATH  
 a. COUNTY **Newton**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Stella, Mo.**  
 c. LENGTH OF STAY (In this place) **3 weeks**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Cardwell Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE **Oklahoma** b. COUNTY **Delaware**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Disney, Oklahoma**  
 d. STREET ADDRESS (If rural, give location) **8350**

3. NAME OF DECEASED (Type or Print)  
 a. (First) **Laura** b. (Middle) **Jane** c. (Last) **Hinds**  
 4. DATE OF DEATH (Month) (Day) (Year)  
**May 16 1950**

5. SEX **Female** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**  
 8. DATE OF BIRTH **March 21 1878** 9. AGE (In years last birthday) (Months) (Days) **72 1 25**  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**  
 10b. KIND OF BUSINESS OR INDUSTRY **Housewife**  
 11. BIRTHPLACE (State or foreign country) **Missouri**  
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Frank Owsley** 13b. MOTHER'S MAIDEN NAME **Mary Brock** 14. NAME OF HUSBAND OR WIFE **Elijah E. Hinds**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_  
 16. SOCIAL SECURITY NO. \_\_\_\_\_  
 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Ralph Long** ADDRESS **Stella, Mo.**

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) **cerebral apoplexy**  
 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.  
**334X**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **4-25-**, 19**50**, to **5-16-**, 19**50**, that I last saw the deceased alive on **5-16-**, 19**50**, and that death occurred at **10:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. Cardwell, M.D.** 23b. ADDRESS **Stella, Mo.** 23c. DATE SIGNED **5-19-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5/19/50** 24c. NAME OF CEMETERY OR CREMATORY **Owsley Cem.** 24d. LOCATION (City, town, or county) (State) **Stella, Missouri**

DATE REC'D BY LOCAL REG. **5-26-1950** REGISTRAR'S SIGNATURE **Alpha Dyer 369** 25. FUNERAL DIRECTOR'S SIGNATURE **Wm. Mervin Jones** ADDRESS **Wheaton, Mo.**

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

**RECEIVED**

District Health Officer No. Newton County Health Dept.

District File Number 650-122

Date Filed May 31 1950

**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

*Wm Morris Pogue*

Licensed Embalmer No. 308420

P. O. Address Wheeler 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.