

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31160

State File No.

FILED OCT 8 1952

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5380 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Dekalb</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>4 mi. N. Stewartsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4 m. N. Stewartsville</u> <u>0320</u>	
c. LENGTH OF STAY (If in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eliga</u>	b. (Middle) <u>0.</u>	c. (Last) <u>Hinderks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>9</u> <u>52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/27/1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Month	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>De kalb Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Casper Hinderks</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Tiede</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Hinderks</u> <u>Stewartsville</u>
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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. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laura Hinderks</u>	ADDRESS <u>Stewartsville</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>wide spread metastases</u> 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? 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) <u>177X</u>
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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?
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22. I hereby certify that I attended the deceased from June, 1952 to 9-9, 1952, that I last saw the deceased alive on 9-9, 1952 and that death occurred at 9:12 m., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. Switzer</u> (Degree or title)	23b. ADDRESS <u>Wayssville, Mo.</u>	23c. DATE SIGNED <u>9-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/21/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Mi. N. Stewartsville</u>
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DATE REC'D BY LOCAL REG. <u>9-2-52</u>	REGISTRAR'S SIGNATURE <u>Carole Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hummerfeld</u>	ADDRESS <u>Stewartsville Mo</u>
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *W E Summerfield*.....

Licensed Embalmer No. *2007*.....

P. O. Address *Stratfield, Md*.....

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.