

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42176

State File No.

FILED DEC 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1308</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>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph 01170</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1623 South 11th St</u>				d. STREET ADDRESS (If rural, give location) <u>1623 South 11th St</u>			
3. NAME OF DECEASED a. (First) <u>Mary Elizabeth</u> b. (Middle) <u>Hinkler</u> c. (Last) _____			4. DATE OF DEATH <u>Dec 16, 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 30, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eliza Martin Andrew</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Ann Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Roland Hinkler</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>474-14-6009</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roland Hinkler, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> <u>Coronary Arteriosclerosis</u> <u>Arteriosclerosis General 1 yr 5 mo</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) (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 <u>7-5-50</u> , 19 <u>50</u> , to <u>12-16-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-15-53</u> , 19 <u>53</u> , and that death occurred at <u>8:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Senne</u>				23b. ADDRESS <u>20704 S. St. Joseph Mo</u>		23c. DATE SIGNED <u>12-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Rushville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 23, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Weyer</u> ADDRESS <u>Atchison Kan</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

144 317

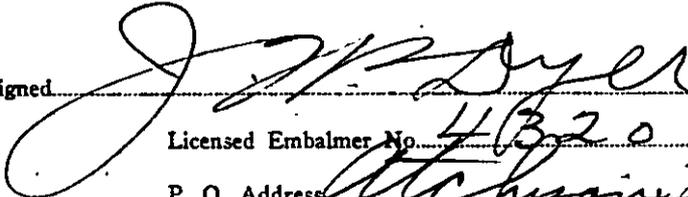
STATEMENT BY LICENSED EMBALMER

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  _____
Licensed Embalmer No. 41320
P. O. Address Atchison, 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.