

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23373
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>159</u>			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town or township) Carthage		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 716 Lincoln				STREET ADDRESS (If rural, give location) 716 Lincoln				0493	
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Titerington		c. (Last) Hindman		4. DATE OF DEATH (Month) (Day) (Year) 7-19-1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 8-30-1891		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop		11. BIRTHPLACE (City and State or Foreign Country) Marionville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wm Hindman			13b. MOTHER'S MAIDEN NAME Mattie Radd			14. NAME OF HUSBAND OR WIFE Pearl Hindman			
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. 490-10-1776		17. INFORMANT'S SIGNATURE OR NAME Le Roy Hindman				ADDRESS Independence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease 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.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X						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)		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>Orid, 19 not attend</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>1246 Grand Ave.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Richard P. Coyle M.D.				23b. ADDRESS 1246 Grand Ave.		23c. DATE SIGNED 7-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-22-1954		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage Missouri			
DATE REC'D BY LOCAL REG. 7-22-54		REGISTRAR'S SIGNATURE Marquet Carter		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home		ADDRESS Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 1955

RECEIVED JUL 28 1955
Jasper County Health Office
County File Number 54-7-6
Date Filed JUL 28 1955

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..... *William B. Carter*

Licensed Embalmer No. 480

P. O. Address.. *Carters*

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.