

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14496

State File No.

FILED MAY 2 1955

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Wright</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Wright</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove</u>		c. LENGTH OF STAY (in this place) <u>67 yrs</u>		c. CITY OR TOWN <u>Mtn. Grove</u>		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 <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>512 South Main</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)			
(Type or Print) <u>James Edward Hines</u>			April	19	1955			
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>April 25, 1887</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
					11	24	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Batesville, Co. Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Hines</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Cole</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Sloan Hines</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Sloan Hines</u> ADDRESS <u>Mountain Grove Mo.</u>				
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>					<u>2 days</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES							
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Nephritis</u>					<u>2 mo.</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"/>	
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) m.		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>12-8, 1954</u> to <u>4-18, 1955</u> , that I last saw the deceased alive on <u>4-18, 1955</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W.A. Craig D.O.</u>				23b. ADDRESS <u>Mountain Grove Mo.</u>		23c. DATE SIGNED <u>4-19-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fieldstone, Cema</u>		24d. LOCATION (City, town, or county) (State) <u>Douglas Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-20-55</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.W. Barber</u> ADDRESS <u>Inty. Grove Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 455-52
Date Filed APR 30 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 R. W. Earle

Licensed Embalmer No. 244

P. O. Address 9th St. Jm

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.