URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 7 1960

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STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. ____ Registrar's No. 37

NDED

1. PLACE OF DEATH
a. COUNTY DeKalb
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township
Length of stay in 1b: 56 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. 1 Stewartsville
Inside Limits: No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY DeKalb
c. CITY OR TOWN Washington Township
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. F. D. 1 Stewartsville
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Mary Middle Bertha Last Hinderks

4. DATE OF DEATH: Month June Day 29 Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/27/1883

9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: HouseKeeping

11. BIRTHPLACE (City and state or country): DeKalb County, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: James Wood

13b. MOTHER'S MAIDEN NAME: Hester Kinnaman

14. NAME OF HUSBAND OR WIFE: Henry Hinderks

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.: None

17. INFORMANT Address: Venita Lyon, Plattsburg, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ____
DUE TO (c): ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-2-60 to 5-17-60 and last saw her/him alive on 5-17-1960
Death occurred at 11:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): J. E. Mothershead M.D.

22b. ADDRESS: 2603 Frederick Avenue, St. Joseph, Mo.

22c. DATE SIGNED: 6-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 1, 1960

23c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cemetery

23d. LOCATION (City, town, or county) (State): DeKalb County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Lyon Funeral Home, Inc, Plattsburg, Mo.

25. DATE RECD. BY LOCAL REG.: 6-30-60

26. REGISTRAR'S SIGNATURE: Rascoe Davidson

BY AFFIDAVIT OF

DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Shirley E. Cox

Licensed Embalmer No. 4993

P. O. Address Clarksburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.