

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026551

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 99 Primary Registration District No. \_\_\_\_\_ Registrar's No. 41

FILED AUG 8 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE, AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, give TOWNSHIP only) OR TOWN <u>Concord Twp. Washington</u>		Length of stay in 1b <u>79 yrs.</u>	c. CITY OR TOWN <u>Stewartsville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stewartsville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>Concord Twp. Washington</u>
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>G.</u> Last <u>Hinderks</u>			4. DATE OF DEATH Month <u>July</u> Day <u>25</u> Year <u>1962</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/14/1883</u>
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	9. AGE (last birthday) <u>79</u>
13a. FATHER'S NAME <u>Henry Hinderks</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Piehergerdes</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Hinderks</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>497-40-7159</u>	17. INFORMANT <u>Blair Hinderks, Marysville Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>29 yrs</u>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 <u>1959</u> to <u>July 25, 1962</u> and last saw him alive on <u>July 25, 1962</u> Death occurred at <u>8:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. Devey, MD</u> (Degree or title)		22b. ADDRESS <u>Canaan, Mo</u>	22c. DATE SIGNED <u>7-27-62</u>
23a. BURIAL, CREMATION, or other disposal (Specify)	23b. DATE <u>7/27/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	23d. LOCATION (City, town, or county) (State) <u>DeKalb County Mo.</u>
24. FUNERAL DIRECTOR <u>Syon Funeral Home Plattsburg, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>8-4-1962</u>	26. REGISTRAR'S SIGNATURE <u>Arthur C. Darden</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 28 1962

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 Phillip E. Cook

Licensed Embalmer No. 2993

P. O. Address Hamberg, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.