

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH5594
Do not use this space.
660

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 002 Registered No. 660
(c) City Kansas City, Mo. (d) Street No. Wheatley Hospital 1826 Forest - St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Dee J. Hines 520
(a) Residence, No. Liberty, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6, 1912</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>5</u>
	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Mo.</u>	
	13. NAME <u>Dee J. Hines Sr.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Josie McLaughery</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Dee J. Hines Sr. Liberty, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo.</u> DATE <u>Feb 10, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>J. Russell Gardner Liberty, Mo.</u>		
20. FILED <u>299</u> 19 <u>38</u> M. M. Brown Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____, 19____. Death is said to have occurred on the date stated above, at _____ p.m.

The principal cause of death and related causes of importance were as follows:

Crush injury, chest & abd
fracture of
thoracic vertebrae
fracture of humerus

Other contributory causes of importance: 210
20

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide. Date of injury 2-1-38
Where did injury occur? Highway near Liberty, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Run into when hit by car
Nature of injury Crush injury, chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. Russell Gardner, M. D.
(Address) Liberty

STATEMENT BY LICENSED EMBALMER

I, Flynn + Greenstreet, Inc., Licensed Embalmer No. 2211

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward J. Evans

L. E.

No. 3836 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Flynn

Licensed Embalmer No. 2211

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.)