

No. 300
10-48
FILED FEB 21 1955THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4243

BIRTH NO. 558-55 REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. LENGTH OF STAY (in this place) <u>3 wks</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>447 N. Main St.</u>		STREET ADDRESS (If rural, give location) <u>447 N. Main</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>DOROTHY Jean HINES</u>		a. (First)	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17-55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan 27-55</u>
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>20</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Paul Hines</u>	
13b. MOTHER'S MAIDEN NAME <u>Bessie Smith</u>		13c. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Hines</u> ADDRESS <u>Liberty Mo.</u>
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) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Pre maturity</u> DUE TO (c) <u>2 "</u> 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 <u>7635</u>	
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) (Min.)		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>27 Jan</u> , 19 <u>55</u> , to <u>16 Feb</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>16 Feb</u> , 19 <u>55</u> , and that death occurred at <u>5:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thibaud Price D.O.</u>		23b. ADDRESS <u>10 W. Kansas Liberty, Mo</u>	
23c. DATE SIGNED <u>18 Feb 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 18-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Amvets</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 18, 1955</u>		REGISTRAR'S SIGNATURE <u>Mabel A. Rowan</u> ADDRESS <u>491 Church - Arcene Co. Liberty Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Harold H. Smith*

Licensed Embalmer No... *457*

P. O. Address... *Liberty, N.J.*

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.