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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14388

State File No.

FILED MAY 15 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY St. Francois Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		• STREET ADDRESS (If rural, give location) 09410	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc. Guire Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Matilda b. (Middle) c. (Last) Hinkle			4. DATE OF DEATH (Month) (Day) (Year) May 10 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7, 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR: Months 5 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Meyer	13b. MOTHER'S MAIDEN NAME Josephine Pfester	14. NAME OF HUSBAND OR WIFE George William Hinkle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME George Hinkle ADDRESS Farmington, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 33IX	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>March, 1956</u> to <u>5/9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/9</u> , 19 <u>56</u> , and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) R. G. Huckstep M.D.	23b. ADDRESS Farmington, Mo	23c. DATE SIGNED 5/14/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12-56	24c. NAME OF CEMETERY OR CREMATORY Parkview Cem.
		24d. LOCATION (City, town, or county) (State) Farmington, Mo.

DATE REC'D BY LOCAL REG. 5-10-56	REGISTRAR'S SIGNATURE Eather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Cozean ADDRESS Farmington, Mo
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(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *CH Cozear*

Licensed Embalmer No. *408*

P. O. Address *Farmington*

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.