

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9737**

FILED MAR 19 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **32**

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

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-Richmond township</b> ) c. LENGTH OF STAY (in this place) <b>3 days</b>		c. CITY OR TOWN <b>Richmond</b> 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 <b>Ray County Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>217 Tribble St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>BAXTER</b> c. (Last) <b>HINES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 10, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Sept. 9, 1888</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John N. Hines</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary S. Dasher</b>		14. NAME OF HUSBAND OR WIFE <b>Eura Mae Stigall Hines</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Joe Wuster, Richmond, Mo.</b>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>thrombosis into left thoracic cavity</b> ANTECEDENT CAUSES <b>Left pneumoconiosis</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Causes of left lung</b> DUE TO (b) _____ DUE TO (c) <b>(Carcinoma)</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>30 days</b>		II. OTHER SIGNIFICANT CONDITIONS <b>(Carcinoma)</b>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>163x</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) _____	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 <b>Jan. 31, 1957</b> , to <b>Mar. 10, 1957</b> , that I last saw the deceased alive on <b>Mar. 10, 1957</b> , and that death occurred at <b>11:15 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Harry M. Griffith, Sr.</b> (Degree or title) _____		23b. ADDRESS <b>RICHMOND, Mo.</b>	
23c. DATE SIGNED <b>3/12/57</b>		24. LOCATION (City, town, or county) (State) <b>Camden, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 12, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Craven Cemetery</b>	
DATE REC'D BY LOCAL REG. <b>March 14 1957</b>	REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Levant Thurman</b> ADDRESS <b>Richmond, Mo.</b>	

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Thurs, Mar. 14

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, Grady....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm. L. Thurman.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.