

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5813

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3052 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>	
c. LENGTH OF STAY (in this place) <u>58 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>308 E. Buchanan St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 E. Buchanan St.</u>		d. STREET ADDRESS (If rural, give location) <u>308 E. Buchanan St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>URA</u>		b. (Middle) <u>MAE</u>	
c. (Last) <u>HINES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 14, 1891</u>
9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>	IF UNDER 1 WEEK Hours <u>14</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Rueben A. Stigall</u>		13b. MOTHER'S MAIDEN NAME <u>Marjorie Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>J. Baxter Hines</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. Baxter Hines, Richmond, Mo.</u>		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>"</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>"</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____	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>Jan 1, 1950</u> , to <u>Jan 28, 1950</u> , that I last saw the deceased alive on <u>Jan 28, 1950</u> , and that death occurred at <u>6:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Ray M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>1-30-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 30, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cravens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Camden, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb. 1, 1950</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurmond Funeral Home</u> ADDRESS <u>Richmond, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 6

District Health Officer No. 8.

District File Number.....

Date Filed..... 2-23-50.....

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, only

working under my personal supervision.

Student Embalmer No.....

Signed William R. Thurman

Signed.....
Student Embalmer

Licensed Embalmer No..... 1563

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