

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS

FILED APR 28 1944

Registration District No. 224Primary Registration District No. 3046Registrar's No. 167

## 1. PLACE OF DEATH:

(a) County Moniteau Co.  
 (b) City or town California, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
605 So Oak St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 3 Mo  
 years, months or days)

3. (a) PRINT FULL NAME John Adam Hinkel3. (b) If veteran, No name war. 3. (c) Social Security No. No4. Sex Male 5. Color or White 6. (a) Single, widowed, married, Divorced Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years7. Birth date of deceased July 7 1856  
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
87 8 24 hr. \_\_\_\_\_ min.9. Birthplace Maryland  
 (City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Adam Hinkel13. Birthplace Germany  
 (City, town, or county) (State or foreign country)14. Maiden name Christina Shafer15. Birthplace Maryland  
 (City, town, or county) (State or foreign country)16. (a) Informant Fred L Hinkel(b) Address California Mo17. (a) Burial (b) Date thereof April 2, 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Luthurn Cem. Centertown18. (a) Signature of funeral director BOWlin Funeral Home(b) Address California, Mo19. (a) 4-8 (b) 44 P. J. Hillel  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
 (c) City or town Centertown, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Centertown  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
 year 1944 hour 3 minute 19 M.21. I hereby certify that I attended the deceased from  
March 4 1944 to March 31 1944  
 that I last saw him alive on March 30 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Decompensated myocardial disease  
 Due to with massive edema. 6 weeks

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:

Of operations none 9321  
 Of autopsy none

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_23. Signature Edgar A. Jille (M. D. method)  
 Address California Mo Date signed 4/1/44

1512

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-27-44

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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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, 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.