

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **24257**FILED **AUG 1 1953**REG. DIST. NO. **77**PRIMARY REG. DIST. NO. **3016**Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (if in place) 5 days		c. CITY OR TOWN California		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 Charles E. Still Osteopathic Hosp.				e. STREET ADDRESS (If rural, give location) 0681			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Hurley c. (Last) Hines				4. DATE OF DEATH (Month) (Day) (Year) July 31 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 28, 1891	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Concrete Contractor		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed		11. BIRTHPLACE (City and State or Foreign Country) California, Missouri	
12. CITIZEN OF WHAT COUNTRY? United States				13. FATHER'S NAME J. D. Hines			
13b. MOTHER'S MAIDEN NAME Lillian Harlan				14. NAME OF HUSBAND OR WIFE Benr Dolstine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (a, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 495-12-2731		17. INFORMANT'S SIGNATURE OR NAME Clarence R. Sappington ADDRESS McBride	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post Surgical Shock ANTECEDENT CAUSES DUE TO (b) Hypersplenism DUE TO (c) Splenectomy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 7/31/53				19b. MAJOR FINDINGS OF OPERATION Hypersplenism			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident			
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 7/27 , 19 53 , to 7/31 , 19 53 , that I last saw the deceased alive on July 31 , 19 53 , and that death occurred at 8:00 P. M., from the causes and on the date stated above.			
23a. SIGNATURE R. C. Michael (Degree or title) D.D.				23b. ADDRESS Jefferson City Mo			
23c. DATE SIGNED 7/31/53				24a. BURIAL, CREMATION, REMOVAL (Specify) Buried			
24b. DATE 8-2-1953				24c. NAME OF CEMETERY OR CREMATORY Massone Cem.			
24d. LOCATION (City, town, or county) (State) California Mo.				25. FUNERAL DIRECTOR'S SIGNATURE Hugh E. Williams ADDRESS California			
DATE REC'D BY LOCAL REG. July 31-53				REGISTRAR'S SIGNATURE R. P. Harris			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 9 1954

AUG 28 1953

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 *Walter E. Williams*.....

Licensed Embalmer No. *3537*.....

P. O. Address *California*.....

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.