

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25652

FILED AUG 15 1941

Registration District No. 371

Primary Registration District No. 4335

State File No.

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community all his life
years, months or days)

3. (a) PRINT
FULL NAME

Jasper, D. Hines
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife Lellie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 16 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Monteau MO
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business House Finisher

12. Name Riley D. Hines

13. Birthplace Monteau MO
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hines

15. Birthplace Monteau MO
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas H. Hines

(b) Address California MO

17. (a) Burial (b) Date thereof 6/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director William D. Dredging

(b) Address California MO

19. (a) 6-12-41 (b) A.R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Monteau MO
(c) City or town California MO
(If outside city or town limits, write "RURAL")
(d) Street No. MO St. address
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour 6 minute 43 P.M.

21. I hereby certify that I attended the deceased from May 28 1941 to June 7 1941
that I last saw him alive on June 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Duration 9 days

Due to Hypertension

Due to 838

Other conditions (Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature L. L. Latham (M. D. certificate) D

Address California MO Date signed 6-11-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.