

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028358

STATE FILE NUMBER

AMENDED

Registration District No.

38

Primary Registration District No.

5120

Registrar's No.

544

FILED SEP 5 1961

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Columbia

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Boone

c. CITY
OR
TOWN

Ashland

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Boone County Rest Home

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

THERION

LINTON

HINSHAW

4. DATE
OF
DEATH

Month

Day

Year

September 1, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-17-1890

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Stockman

10b. KIND OF BUSINESS OR INDUSTRY

Stockman

11. BIRTHPLACE (City and state or country)

Boone County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Therion Hinshaw

13b. MOTHER'S MAIDEN NAME

Sallie Boyd

14. NAME OF HUSBAND OR WIFE

Kathryn Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

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17. INFORMANT

Address

Mrs. Wesley Fewell, Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN
ONSET AND DEATH

5 days

DUE TO (b)

Cerebral thrombosis

7 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/1/61 to 9/1/61 and last saw him alive on 8/29/61
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. A. Molanville, II, M.D.

22b. ADDRESS

1504 East Broadway

22c. DATE SIGNED

9/1/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-2-1961

23c. NAME OF CEMETERY OR CREMATORY

New Salem Cemetery

23d. LOCATION (City, town, or county)

Boone County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Sept. 1 1961

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.