FILED OCT 6 1970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

STATE FILE NUMBER 70 0037952

DO NOT WRITE ON THIS STUB

9. 0
10a. 70
10b.
11. 0
12. 1
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300 Rev. 1/70

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 455

4. 0941

5. 90

DECEASED

1. DECEASED—NAME: Clifford Lewright Hinkle
2. SEX: male
3. DATE OF DEATH (MONTH, DAY, YEAR): September 25, 1970
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): white
5a. AGE—LAST BIRTHDAY (YEARS): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): April 19, 1900
7a. COUNTY OF DEATH: St. Francois
7b. CITY, TOWN, OR LOCATION OF DEATH: Bonne Terre
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 107 St. Joseph
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Nola Hinkle nee Rion
12. SOCIAL SECURITY NUMBER: 494-05-1708
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Machine Shop Foreman
13b. KIND OF BUSINESS OR INDUSTRY: St. Joe Lead Co.

USUAL RESIDENCE WHERE DECEASED LIVED. (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

6. 0941

14a. RESIDENCE—STATE: Mo.
14b. COUNTY: St. Francois
14c. CITY, TOWN, OR LOCATION: Bonne Terre
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER: 107 St. Joseph

PARENTS

15. FATHER—NAME: George W. Hinkle
16. MOTHER—MAIDEN NAME: Miltilla Meyer

17a. INFORMANT—NAME: Nola Hinkle
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 107 St. Joseph St., Bonne Terre, Mo.

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	5 min.
DUE TO, OR AS A CONSEQUENCE OF: (b)		
DUE TO, OR AS A CONSEQUENCE OF: (c)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ YES ☐ NO ☐ UNK

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 9-24-70 TO 9-25-70
21c. AND LAST SAW HIM/HER ALIVE ON 9-24-70
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH. Did
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR) 8:25 A.M.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH A.M.
22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR A.M.

23a. CERTIFIER—NAME (TYPE OR PRINT): R.A. FRASER, MD
23b. SIGNATURE: R A Fraser, MD
DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): 9-27-70
23d. MAILING ADDRESS—CERTIFIER: 43 St. Joe STREET OR R.F.D. NO. Buermines CITY OR TOWN Mo STATE 63601 ZIP

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Parkview
24c. LOCATION: Bonne Terre, Mo. (CITY OR TOWN, STATE)
24d. DATE (MONTH, DAY, YEAR): Sept 27, 1970
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): C.Z. Boyer & Son, 313 Benham St., Bonne Terre, Mo.
25b. FUNERAL DIRECTOR—SIGNATURE: B. T. Boyer
26a. REGISTRAR—SIGNATURE: Esther Mathews
26b. DATE RECEIVED BY LOCAL REGISTRAR: Sept. 27, 1970

Type or print in PERMANENT BLACK INK. See handbook for instructions.

OCT 9 - 6 130

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 Barbi T. Boyer

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, Mo 63628

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.