

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037467

STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 117

S. 300
1-57

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Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rayville
c. FULL NAME OF (If NOT in hospital, Memorial) HOSPITAL OR INSTITUTION Ray Co. Hospital		Length of stay in lb 3 days	d. STREET ADDRESS not listed (If outside, give location)
3. NAME OF DECEASED (Type or print) First Anna Middle Hankins Last Hankins		4. DATE OF DEATH Month Oct. Day 28 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 11/1894
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		9b. KIND OF BUSINESS OR INDUSTRY Grade School	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Grade School	11. BIRTHPLACE (City and state or country) Gallatin, Missouri
13a. FATHER'S NAME Lewis M. Love		13b. MOTHER'S MAIDEN NAME Jannie Curtis	14. NAME OF HUSBAND OR WIFE Arla Hankins
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. 4930-22-252	17. INFORMANT Mr. Arla Hankins Address Rayville, 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) Cardiac Arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Following Major Surgery DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT . SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 6-28-58 to 10-28-58 and last saw her alive on 10-28-58 Death occurred at 2:35 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas B. Cook M.D.		22b. ADDRESS Richmond Mo.	22c. DATE SIGNED 10/30/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/30/1958	23c. NAME OF CEMETERY OR CREMATORY Crowley Cemetery	23d. LOCATION (City, town, or county) (State) Rayville, Missouri
24. FUNERAL DIRECTOR Quest-Life Funeral Home ADDRESS Richmond, Missouri		25. DATE RECD. BY LOCAL REG. 11-2-1958	26. REGISTRAR'S SIGNATURE Mabel Jackson

MAR 27 1959

EX

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 *M. O. Bailey*

Licensed Embalmer No. *4887*

P. O. Address *Richmond, Va*

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.