

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045239

STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 4

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond</u> <u>09910</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Richmond Ave.</u>		Length of stay in 1b <u>Years</u>	d. STREET ADDRESS (If outside, give location) <u>Richmond Ave.</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Maria</u> Middle <u>Catherine</u> Last <u>Hann</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>31</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 19/1883</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and state or country) <u>Orrick, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Hamilton Creason</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Buckley</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence E. Hann</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Ed. Derstler</u> Address <u>Richmond, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Left heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Electrolyte imbalance</u>	
	DUE TO (c) <u>Dehydration</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mentally ill - 4342</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Mentally ill - 4342</u>
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20c. TIME OF INJURY Hour <u>3:30</u> Month, Day, Year <u>12-1-58</u>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>A</u>	20f. CITY, TOWN, OR LOCATION <u>Richmond</u>	COUNTY <u>Ray</u>	STATE <u>Missouri</u>
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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.) <u>A</u>	20f. CITY, TOWN, OR LOCATION <u>Richmond</u>	COUNTY <u>Ray</u>	STATE <u>Missouri</u>
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21. I attended the deceased from Death occurred at <u>12-1-58</u> to <u>12-30-58</u> and last saw her alive on <u>12-30-58</u> <u>3:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>M. Davault M.D.</u> (Degree or title)	22b. ADDRESS <u>Richmond</u>	22c. DATE SIGNED <u>1-2-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/2/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sonny Slope</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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24. FUNERAL DIRECTOR <u>West-Life Funeral Home</u> ADDRESS <u>Richmond, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>1-3-1959</u>	26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification  
All diseases in Part I must be causally related.

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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 ..... *Maria D. Bailey* .....

Licensed Embalmer No. *4287* .....

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.