

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4199

State File No.

No. 300

10.48

148

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>4468</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>CALLAWAY</u>		b. CITY OR TOWN <u>MOKANE</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>CALLAWAY</u>	
c. CITY OR TOWN <u>MOKANE</u>		c. LENGTH OF STAY (in this place) <u>38 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location) <u>MOKANE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOKANE, MO</u>				d. STREET ADDRESS (If rural, give location) <u>MOKANE</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>MARTIN</u>	b. (Middle) <u>-</u>	c. (Last) <u>HANZEL</u>	(Month) <u>FEB.</u>	(Day) <u>19</u>	(Year) <u>1949</u>	MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>7 1855</u>	9. AGE (In years last birthday) <u>7</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>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>
11. BIRTHPLACE (State or foreign country) <u>SAXONY GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>		13a. FATHER'S NAME <u>DK</u>		13b. MOTHER'S MAIDEN NAME <u>DK</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. S. L. Witherspoon</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u>					
ANTECEDENT CAUSES <u>arterio Sclerosis</u>		DUE TO (b) <u>arterio Sclerosis</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Senility</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/2/2</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>FEB 9th</u> , 1949, to <u>FEB. 19, 1949</u> , that I last saw the deceased alive on <u>FEB 18, 1949</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. M. Greer, M.D.</u>				23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>2/21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>FEB. 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>		24d. LOCATION (City, town, or county) (State) <u>MEMPHIS MO</u>		
DATE REC'D BY LOCAL REG. <u>FEB 22 1949</u>		REGISTRAR'S SIGNATURE <u>Josie Morawickoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glen Y. Maupin</u>		ADDRESS <u>Fulton, MO</u>	

(Licensed Undertaker's Statement on Reverse Side)

APR 22 1949

RECEIVED
District Health Officer No. 9,
District File Number
MAR 3 1949
Date Filed

EX-101

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.

Signed Glen Y. Mangin

Signed _____

Student Embalmer

Licensed Embalmer No. 2725-

P. O. Address Fulton, 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 this body is not embalmed, fact should be so stated above.