

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5631

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5839 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Granby</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Rt # 1</u>		d. STREET ADDRESS (If rural, give location) <u>Granby Rt # 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Bert</u> b. (Middle) <u>Hansford</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3 - 49</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)	8. DATE OF BIRTH <u>April 11, 1874</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR <u>10</u> Months <u>22</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Fidelity, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Granvel Hansford</u>		13b. MOTHER'S MAIDEN NAME <u>Dicy Hancock</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Shaffer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Shaffer, Carthage, Mo.</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>470</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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. 15, 1949</u> , to <u>Mar. 3, 1949</u> , that I last saw the deceased alive on <u>Feb. 15, 1949</u> , and that death occurred at <u>7:15 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. H. Hales M.D.</u>		23b. ADDRESS <u>Granby Mo.</u>	23c. DATE SIGNED <u>3. 4. 49</u>
24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify) <u>Burial</u>	24b. DATE <u>3-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fidelity</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Mar. 4, 1949</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u> <u>225</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. C. Ulmer, Carthage, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

Newton Co. Health Dept.
District Health Officer No. 579-112
District File Number 8-8-49

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. 262

working under my personal supervision.

Signed Donald L. Tolbert
Student Embalmer

Signed John S. Pennington
Licensed Embalmer No. 4194
P. O. Address _____

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.