

FILED JUN 14 1949 STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY of Christian Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. Christian County 22	
b. CITY (If outside corporate limits, write RURAL and give township) Ozark Rural Linsley Township 10 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural Linsley Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Mo. Rural Linsley Township		d. STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED a. (First) Sarah		c. (Last) Hanka	
b. (Middle) Lucenia		4. DATE OF DEATH (Month) (Day) (Year) May 10 1949	
5. SEX Female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
6. COLOR OR RACE W.		8. DATE OF BIRTH May 24-1867	
9. AGE (In years last birthday) 82 yr		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper	
11. BIRTHPLACE (State or foreign country) Christian County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Ruffin		13b. MOTHER'S MAIDEN NAME Matilda Swinn	
14. NAME OF HUSBAND OR WIFE Tom Hanka (Deceased)		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.		17. INFORMANT'S SIGNATURE OR NAME Elnor Woods Rogersville Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease ANTECEDENT CAUSES 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. 1) Arteriosclerosis 2) Atherosclerosis, hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 4501	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 4 May 1949, to 10 May 1949, that I last saw the deceased alive on 9 May 1949, and that death occurred at 9:25 a.m., from the causes and on the date stated above.	
23a. SIGNATURE D. O. Ruffin M.D.		23b. ADDRESS Ozark, Mo	
23c. DATE SIGNED 18 May 49		24a. BURIAL, CREMATION, REMOVAL Burial	
24b. DATE May 12-49		24c. NAME OF CEMETERY OR CREMATORY Pembina Cemetery	
24d. LOCATION (City, town, or county) (State) Christian County Mo		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin	
DATE REC'D BY LOCAL REG. June 1-1949		REGISTRAR'S SIGNATURE Loretta Leonard	
59		ADDRESS Ozark Mo	

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

27
507

RECEIVED

District Health Officer No. 6,

District File Number 649-660

Date Filed 6-19-49

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.

working under my personal supervision.

Student
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.