

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24276

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5910 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Demarcat</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demarcat</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Demarcat Twp 29 yrs</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Demarcat</u>		d. STREET ADDRESS (If rural, give location) <u>One mi North of Tyles mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi North of Tyles mo.</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>HERBERT</u> c. (Last) <u>HANELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19-1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug-4-1872</u>	9. AGE (In years) (Month) (Day) (Year) <u>76</u> <u>11</u> <u>15</u>	IF UNDER 1 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Illersville, Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>James C. Hanell</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Mitchell</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>William F. Hanell</u> ADDRESS <u>Tyles, Mo.</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* <u>Respiratory failure</u>	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Aforbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension</u>				1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					48/64X
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)			
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>Jan 1, 1948</u> , to <u>July 19, 1949</u> , that I last saw the deceased alive on <u>July 19, 1949</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Jim Callahan D.O.</u>			23b. ADDRESS <u>Steele, Mo</u>		23c. DATE SIGNED <u>8/3/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 21-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dyersburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dyersburg, Tenn</u>		
DATE REC'D BY LOCAL REG. <u>8-5-1949</u>	REGISTRAR'S SIGNATURE <u>Fresia B. Nieki</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel C. Dean</u> ADDRESS <u>Caruthersville</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

8-49-213

AUG 8 19

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Cantersville 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.