

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1949

26538

State File No. \_\_\_\_\_

3019 Registrar's No. 99

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5422</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>35 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett Mo.</u>		35	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 Anthony St. 1</u>				d. STREET ADDRESS (If rural, give location) <u>209 Anthony St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joel</u>		b. (Middle) <u>Lossen</u>		c. (Last) <u>Hancock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10-1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 27, 1868</u>	
9. AGE (In years - last birthday) <u>80</u>		IF UNDER 1 YEAR Days <u>10</u>		IF UNDER 24 HRS. Hours <u>23</u>		IF UNDER 24 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Moorehall Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William Hancock</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lola E. Hancock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lola Hancock</u>		ADDRESS <u>Kennett Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>				<p>025x</p>	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Tuberculosis Bronchial</u></p> <p>DUE TO (c) <u>Generalized Arteriosclerosis</u></p>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				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>1 Feb.</u> , 1949, to <u>10 Aug.</u> , 1949, that I last saw the deceased alive on <u>10 Aug.</u> , 1949, and that death occurred at <u>5:00 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James B. Bisher M.D.</u>				23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>11 Aug 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>8-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 12-1949</u>		REGISTRAR'S SIGNATURE <u>Carl J. Hunsberr</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Leutz Service Kennett</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

35  
22  
2

RECEIVED AUG 19 1949  
District Health Office No. 2  
District File Number 849-831  
Date Filed \_\_\_\_\_

**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 \_\_\_\_\_

*Edgar P. Ford*

Licensed Embalmer No. 4433

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Kennett m

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.