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THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29690

BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Canton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Decatur</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron Mo.</u>	c. LENGTH OF STAY (in this place) <u>lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>North of Cameron</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Hanks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-49</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1858-4-14</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours 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>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>George Hanks</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Nash</u>	14. NAME OF HUSBAND OR WIFE <u>Etta Hanks</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Coleman</u>	ADDRESS <u>Hamilton</u>
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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>Pericarditis</u>		DUE TO (b) <u>myocardial failure</u>		78 24
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				27 1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 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 9-6, 1949, to 9-15, 1949, that I last saw the deceased alive on 9-15, 1949, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

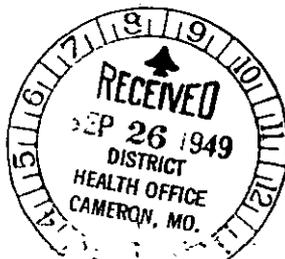
23a. SIGNATURE (Degree or title) <u>H. Hetherington M.D.</u>	23b. ADDRESS <u>Cameron Mo.</u>	23c. DATE SIGNED <u>9-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkland</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-22-49</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paland Funeral Home</u>	ADDRESS <u>Cameron Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



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

Robert F. Poland

Student Embalmer No.

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working under my personal supervision.

Signed

Robert F. Poland
Student Embalmer

Signed

George D. Wamm

Licensed Embalmer No.

4420

P. O. Address

228 W. 1st St.

Cameron, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.