

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36278

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 4034 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hume</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hume</i>	
c. LENGTH OF STAY (in this place) <i>4yrs.</i>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <i>David Daniel</i> b. (Middle) <i>Hanna</i> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 19, 1949</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <i>March 17, 1875</i>	9. AGE (In years last birthday) <i>74</i>	10. UNDER 1 YEAR Days <i>9</i>	11. UNDER 1 HRS. Hours <i>2</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (State or foreign country) <i>Nichols Co., West Virginia</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>James Hanna</i>	13b. MOTHER'S MAIDEN NAME <i>Barbara Hintke</i>	14. NAME OF HUSBAND OR WIFE <i>IDA BAILEY</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>No.</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Jimmy Hanna</i> ADDRESS <i>Hume Mo</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pericarditis with Effusion</i>		<i>1 wk</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Dropsy</i>		<i>5 mo</i>
DUE TO (c) <i>Renal Complications</i>		<i>1 yr</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>4343</i>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Nov 19 1949</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert Allen</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Hume Mo</i>	23c. DATE SIGNED <i>11/21/49</i>
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24a. BURIAL CREMATION (Specify) _____	24b. DATE <i>Nov 22, '49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hume</i>	24d. LOCATION (City, town, or county) (State) <i>Hume, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>Nov 22 '49</i>	REGISTRAR'S SIGNATURE <i>Levin H. Martin</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W.P. Tracy</i> ADDRESS <i>Pleasanton, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 7,

District File Number 10-49-1409

Date Filed 11-28-49

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed W. P. Jones

Signed .....

Student Embalmer

Licensed Embalmer No. 5441

P. O. Address Pharmington, Kansas

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.

W. P. Jones