

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7966**

BIRTH NO. _____		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>4080</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u> <u>Egypt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>		c. LENGTH OF STAY (in this place) <u>44 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>		0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>510 South Walnut Street</u>				d. STREET ADDRESS (If rural, give location) <u>510 South Walnut Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Hannay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 4 - 1899</u>	
9. AGE (In years last birthday) <u>51</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Days Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Richmond Ray County Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Emil Hannay</u>		13b. MOTHER'S MAIDEN NAME <u>Doretta Leuder</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>312-10-3925</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doretta Hannay, Norborne Mo</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart, mitral incompetence.</u> ANTECEDENT CAUSES <u>incapacity.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>sinus tachycardia</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION _____		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>2-1-</u> , 19 <u>50</u> , to <u>3-4-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-4-</u> , 19 <u>50</u> , and that death occurred at <u>7:45 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. B. Cole, M.D.</u>				23b. ADDRESS <u>Norborne Mo</u>		23c. DATE SIGNED <u>3-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/6/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North of Norborne Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 6 - 1950</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Ditch</u>		ADDRESS <u>Norborne Mo</u>	

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

0170

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-22-50

APR 4 1950

MS
AUG 23 1961

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 me

John Deitch Jr

Student Embalmer No. 322

working under my personal supervision.

Student John Deitch Jr
Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3454

P. O. Address Norborne 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.