

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10077

State File No.

 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 122

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give town) Farmington OR TOWN RURAL St. Francois | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield <u>1030</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4 | | d. STREET ADDRESS (If rural, give location) Route 1 | |

| | | | | | |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) REXTER b. (Middle) B. c. (Last) HANKINS | | | 4. DATE OF DEATH (Month/Day/Year) March 27, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Dec. 2, 1910 | 9. AGE (In years last birthday) 39 | IF UNDER 1 YEAR 3 Months 25 Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Stoddard County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | |
|---|---|--|
| 13a. FATHER'S NAME Landon Hankins | 13b. MOTHER'S MAIDEN NAME Ada Gibson | 14. NAME OF HUSBAND OR WIFE None |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo. |

| | | | |
|---|---|--|---|
| 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) Pulmonary tuberculosis - - - - - | | Unknown |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 0025 |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox Psychosis - - - - | | At least 2 yrs. |
| 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 Feb. 27, 1950, to March 27, 1950, that I last saw the deceased alive on March 27, 1950, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

| | | |
|--|---|---|
| 23a. SIGNATURE (Degree or title) John A. Brennan M.D. | 23b. ADDRESS State Hospital No. 4, Farmington, Mo. | 23c. DATE SIGNED 4-1-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-29-50 | 24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) Dexter, Missouri |

| | | | |
|---|---|--|----------------------------|
| DATE REC'D BY LOCAL REG Apr. 1, 1950 | REGISTRAR'S SIGNATURE Ether Rusk | 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Home | ADDRESS Dexter, Mo. |
|---|---|--|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

940

2

RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-546

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 *W. Cozen*

Licensed Embalmer No. 4084

P. O. Address *Farmington, N.H.*

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.