

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12300  
Registrar's No. 20

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120

220

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

1. PLACE OF DEATH a. COUNTY <b>CHRISTIAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHRISTIAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLEVER</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLEVER</b> <b>0220</b>	
c. LENGTH OF STAY (In this place) <b>6 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>HOME</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY LUE</b> b. (Middle) <b>TISHIE</b> c. (Last) <b>HANAFIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 8 1950</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	
8. DATE OF BIRTH <b>5-4-1883</b>		9. AGE (In years last birthday) <b>66</b>		10. IF UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>CLEVER - MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>R.C. FUGITT</b>		13b. MOTHER'S MAIDEN NAME <b>NANNIE SOLOMON</b>		14. NAME OF HUSBAND OR WIFE <b>DAVE HANAFIN</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. RAYMOND PERKINS, CLEVER, MO.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Coma</b>		PRECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Recent coronary Thrombosis</b>						<b>260X</b>	

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 January, 1950, to April 8, 1950, that I last saw the deceased alive on April 8, 1950, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Karl J. Leidinger Jr. D.M.D.</b>		23b. ADDRESS <b>Billings, Mo.</b>		23c. DATE SIGNED <b>4-8-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-9-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. CARMEL</b>		24d. LOCATION (City, town, or county) (State) <b>CHRISTIAN CO. MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>Apr. 9, 1950</b>		REGISTRAR'S SIGNATURE <b>Arlene Deever</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John H. Harris, Clever, Mo.</b>	
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RECEIVED MAY 3 1950  
District Health Office No. 6,  
District File Number 550-532  
Date Filed 5-3-50

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 John Alan Harris

Licensed Embalmer No. 4390

R. O. Address Cleveland, 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.