

19512

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

S. No. 300  
R. 10. 48

FILED JUN 22 1950

BIRTH NO. _____		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>5142</u>	Registrar's No. <u>245</u>
1. PLACE OF DEATH a. COUNTY <u>Butler Neely Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cape</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Neelyville Mo.</u>		c. LENGTH OF STAY (in this place) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Drowned in ditch</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Delta,</u>		
		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth Ann Hanlon</u>		b. (Middle) _____		c. (Last) _____
4. DATE OF DEATH (Month), (Day) (Year) <u>June 4 1950</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 29-1938</u>	9. AGE (In years last birthday) <u>11</u> IF UNDER 1 YEAR Months <u>11</u> Days _____ IF UNDER 4 HRS. Hours <u>8</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during last 12 months (If retired)) <u>School Girl</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Delta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Frank Hanlon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Montgomery</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Hanlon-4018 W. Florissant</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) <u>due to drowning while</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Boat riding</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.  6850 42		
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Creek</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neely Twp, Butler Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/4-50 11:50 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Boat turned over</u>
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 (Degree or title) <u>Walter D. Green</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>6/14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Park Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Chaffee Missouri</u>				
DATE REC'D BY LOCAL REG. <u>June 15-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chaffee Missouri</u>

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 20 1958

BUTLER CO. HEALTH CENTER

FILE No. 650-270

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.

**Not Embalmed.**

Student \_\_\_\_\_  
Student Embalmer

Signed George A. Kirby

Licensed Embalmer No. 4752

P. O. Address W. R. Duffin

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.