

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 22922
Registrar's No. 28

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>5154</u>		State File No. <u>22922</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mirabile Township</u>				c. LENGTH OF STAY (in this place) <u>13 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell County Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) <u>Francis Albert Hanley</u>				a. (First) <u>Francis</u> b. (Middle) <u>Albert</u> c. (Last) <u>Hanley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 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>Jan. 23, 1868</u>		9. AGE (in years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>furniture maker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>cabinet shop</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm.B. Hanley</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Blair</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R.G. Geilker, Kingston, Mo.</u> ADDRESS _____			
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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</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) (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 <u>June 13, 1950</u> , to <u>June 13, 1950</u> , that I last saw the deceased alive on <u>June 13</u> , 19 <u>50</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank R. Doley MD</u> (Degree or title)				23b. ADDRESS <u>Hamilton Mo.</u>		23c. DATE SIGNED <u>6-15-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>		24b. DATE <u>6-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>June 26/50</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u> 37		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Polark, Kingston, Mo.</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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



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.

Signed _____

Lester Clark

Signed _____

Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.