

FILED OCT 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33948

517
0

BIRTH NO. 612442-50 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 122

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Johnson</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>Warrensburg</i> | | c. CITY (If outside corporate limits, write RURAL and give township) <i>Warrensburg</i> 0512 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Warrensburg Clinic</i> | | d. STREET ADDRESS (If rural, give location) <i>Warrensburg Clinic</i> | |

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|--|--------------------------|-------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <i>Veryle</i> | b. (Middle) <i>Line</i> | c. (Last) <i>Hancock</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 29, 1950-</i> |
|--|--------------------------|-------------------------|--------------------------|--|

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|-----------------------|----------------------------------|--|--|--|
| 5. SEX <i>male</i> | 6. COLOR OR RACE <i>white</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>0</i> | 8. DATE OF BIRTH <i>Sept 29, 1950</i> | 9. AGE (In years last birthday) <i>13 Mos</i> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>-</i> | 11. BIRTHPLACE (State or foreign country) <i>Warrensburg Clinic</i> | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> |
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| 13a. FATHER'S NAME <i>Ronald E Hancock</i> | 13b. MOTHER'S MAIDEN NAME <i>Jean Jean</i> | 14. NAME OF HUSBAND OR WIFE <i>infant</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | 16. SOCIAL SECURITY NO. <i>none</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Ronald E Hancock, Holden, Mo</i> | ADDRESS <i>Holden, Mo</i> |
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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 <i>7.625</i> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Premature Separation of Placenta 2 wks</i> DUE TO (c) <i>Fall</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) |
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|---|--|----------------------------|
| 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 *Sept 29, 1950*, to *Sept 29, 1950*, that I last saw the deceased alive on *Sept 29, 1950*, and that death occurred at *7:30 P. m.*, from the causes and on the date stated above.

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|--|-------------------|--|------------------------------------|
| 23a. SIGNATURE <i>Shirley M. Haley M.D.</i> | (Degree or title) | 23b. ADDRESS <i>Warrensburg, Mo</i> | 23c. DATE SIGNED <i>10-1-50</i> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>10-1-50</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Holden</i> | 24d. LOCATION (City, town, or county) (State) <i>Holden, Mo</i> |
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| DATE REC'D BY LOCAL REG. <i>Oct. 1, 1950</i> | REGISTRAR'S SIGNATURE <i>Saravanda Butchfield</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Post</i> | ADDRESS <i>Holden, Mo</i> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

received
10-10-50

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 EPB Cost.....

Licensed Embalmer No. 4059.....

P. O. Address EPB Cost.....

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.