

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

41927

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 432

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 0164	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) 827a Jefferson Street	

3. NAME OF DECEASED (Type or Print) a. (First) CLARA	b. (Middle)	c. (Last) HANNY	4. DATE OF DEATH (Month) (Day) (Year) December 25, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 13, 1877	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months 8	11. UNDER 1 YEAR Days 12	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office work	10b. KIND OF BUSINESS OR INDUSTRY Ice and Fuel Bus.	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ferdinand Hanny	13b. MOTHER'S MAIDEN NAME Sophia Von Horsten	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 - 5 das 490 X F
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES DUE TO (b) Senility <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left hip on 12-17-50			

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital ward	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Farmington, St. Francois, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 17, 1950 5:40 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Patient tripped and fell in bathroom
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22. I hereby certify that I attended the deceased from March 12, 19 50, to Dec. 25, 19 50, that I last saw the deceased alive on Dec. 25, 1950, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>John A. Bernman M.D.</i>	(Degree or title)	23b. ADDRESS Farmington, Mo. State Hospital No. 4, Mo.	23c. DATE SIGNED 12-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 27, 1950	24c. NAME OF CEMETERY OR CREMATORY LORMIER CEMETERY	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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DATE REC'D BY LOCAL REG. Dec. 30, 1950	REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walters Funeral Home</i>	ADDRESS Cape Girardeau, Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 8 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Virgil K. Welch*
Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau, 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.