

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43987

220

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Christian Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian Co	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Finley T.P.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt. I	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ozark, Mo. Rt. I		d. STREET ADDRESS (If rural, give location) Ozark, Mo Rt. I	
3. NAME OF DECEASED (Type or Print) a. (First) Dovie		b. (Middle) Alice	
		c. (Last) Hanks	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 24. 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7. 1886
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Selgel Woodsuffin		13b. MOTHER'S MAIDEN NAME Sara Francis Ruffin	
		14. NAME OF HUSBAND OR WIFE Emery J Hanks	
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.	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emery J Hanks. Ozark, Mo. Rt. I	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, rheumatoid, severe	
		INTERVAL BETWEEN ONSET AND DEATH 1 week 4201 8 yrs.	
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)		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 1 Dec, 1950, to 24 Dec, 1950, that I last saw the deceased alive on 23 Dec, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE R. B. Chaffin (Degree or title) M.D.		23b. ADDRESS Ozark, Mo	
		23c. DATE SIGNED 27 Dec 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 26, 1950	
24c. NAME OF CEMETERY OR CREMATORY Selmore Cemetery		24d. LOCATION (City, town, or county) Christian Co Mo	
24e. DATE REC'D BY LOCAL REG. Feb 24-1951		24f. REGISTRAR'S SIGNATURE Loretta Leonard 59	
25. FUNERAL DIRECTOR'S SIGNATURE P. B. Chaffin		ADDRESS Ozark, Mo	

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

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 13 1951

Dist. File 357-363

Date Filed 3-16-51

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.