

FILED FEB 28 1951  
0043

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3690

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARSHALL</u>	
c. LENGTH OF STAY (in this place) <u>6mo</u>		d. STREET ADDRESS (If rural, give location) <u>666 ODELL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAKER NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>P</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>HANKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 23 1951</u>	
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 4, 1871</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>79</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD R.R. ENGINEER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>			11. BIRTHPLACE (State or foreign country) <u>CHATENOUGA TENN</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>MISS. DANE DURRETT, Marshall</u>		
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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) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dane Durrett, Marshall</u>		ADDRESS <u>331X</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(Chronic) myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Cerebral Hemorrhage</u>				20 days	
		DUE TO (c) <u>Hypertension</u>				5 years.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Osteoporosis</u>				8 years	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	
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22. I hereby certify that I attended the deceased from 9/27, 1950 to 2/22, 1951, that I last saw the deceased alive on 2/22, 1951, and that death occurred at 11:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. L. Sawyer, M.D.</u>		23b. ADDRESS <u>MEXICO, MO.</u>		23c. DATE SIGNED <u>2/23/51</u>	
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>—</u>		24b. DATE <u>2-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARSHALL</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
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DATE REC'D BY LOCAL REG <u>Feb 23-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHAS ARNO JR</u>		ADDRESS <u>—</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1951

Date Received: FEB 26 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-57-44  
Date Filed: FEB 26 1951

**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.

Signed.....  
Student Embalmer

Signed *[Signature]*  
Student Embalmer No.....

Licensed Embalmer No. 3569

P. O. Address *[Signature]*

**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.