

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7973

FILED APR 2 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>#178</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gibson</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gibson, Missouri</u>		0350			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Gibson, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>F.</u> c. (Last) <u>Hankins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1951</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 10, 1875</u>			
9. AGE (In years last birthday) <u>76</u>		Months <u>0</u> Days <u>28</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>28</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS* OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>John Hankins</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Hankins</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ap, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond Hankins - Holcomb Mo. R.R.</u>				
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>Carcinoma of the sigmoid cecum</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>to lungs -</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo +</u> <u>153X</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) (Min.) _____		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>9/8</u> , 19 <u>50</u> , to <u>3/24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/24</u> , 19 <u>51</u> , and that death occurred at <u>9:35 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wallace A. Seely M.D.</u>				23b. ADDRESS <u>Campbell Mo.</u>		23c. DATE SIGNED <u>3/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holcomb Mo. Route</u>			
DATE REC'D BY LOCAL REG. <u>3-24-51</u>		REGISTRAR'S SIGNATURE <u>J. Henderson</u> 89		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wandess Funeral Home Campbell, Mo.</u>					

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-28-51

COUNTY FILE NUMBER 351-85

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 *Christina M. Landess*

Signed.....
Student Embalmer

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.