No. 300
10.48

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

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19638

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 11

170
1

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORBORNE
c. LENGTH OF STAY (In this place): 13 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 WEST 3RD STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: CARROLL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORBORNE 0170
d. STREET ADDRESS (If rural, give location): 212 WEST 3RD STREET

3. NAME OF DECEASED (Type or Print)
a. (First): EARNEST
b. (Middle): CRUTCHLEY
c. (Last): HANNA

4. DATE OF DEATH (Month) (Day) (Year): JUNE 10 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DECEMBER 12, 1877
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AGENT, TELEGRAPH OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD
11. BIRTHPLACE (State or foreign country): RAY COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES BERNAE HANNA
13b. MOTHER'S MAIDEN NAME: EMMA E CRUTCHLEY
14. NAME OF ~~HUSBAND~~ OR WIFE: LOUISA B. HANNA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs Louisa B. Hanna

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prostatic Hypertrophy — ?
DUE TO (c): Hypertension Essential — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Anal Fistula 331X — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-28, 1948, *to* 6-10-, 1951, *that I last saw the deceased alive on* 6-10-, 1951, *and that death occurred at* 2:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph T Haskell, M.D.
23b. ADDRESS: 212 South Pine St. Norborne Missouri
23c. DATE SIGNED: 6-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 12, 1951
24c. NAME OF CEMETERY OR CREMATORY: FAIRHAVEN CEMETERY
24d. LOCATION (City, town, or county) (State): NORBORNE MISSOURI

DATE REC'D BY LOCAL REG.: JUNE 12-1951
REGISTRAR'S SIGNATURE: Eileen Pennington
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: John G Deitch Norborne, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 18 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

JUN 28 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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John G. Deitch Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4792

P. O. Address Norborne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.