

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 19711

0251

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

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>75</u>  |  | PRIMARY REG. DIST. NO. <u>3015</u>   |  | Registrar's No. <u>54</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLINTON</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>CLINTON</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>   |  | c. LENGTH OF STAY (In this place) <u>25 YRS</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>  |  | 0251   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAMERON COMM. HOSPITAL</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>418 N. HARRIS</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MAUDE</u>  |  | b. (Middle) <u>ALICE</u>  |  | c. (Last) <u>HANKINS</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-1951</u>                           |  |
| 5. SEX <u>F</u>   |  | 6. COLOR OF RACE <u>W</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  |  | 8. DATE OF BIRTH <u>9-12-1890</u>  |  |
| 9. AGE (In years last birthday) <u>60</u>   |  | IF UNDER 1 YEAR Months _____ Days _____   |  | IF UNDER 6 mos. Hours _____ Min. _____   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES LADY</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>SELLING</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>GALLATIN Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY <u>USA.</u>  |  |
| 13a. FATHER'S NAME <u>EARNEST S. HUGHES</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>PHEOBEL TROTTER</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>JAMES MATH HANKINS</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>160-24-1159</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothy Hanks Cameron</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS—<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic glomerulonephritis 1 yr.</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u><br><br><u>4222</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) (m.) _____  |  | 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>6-14</u> , 1951, to <u>6-18</u> , 1951, that I last saw the deceased alive on <u>6-17</u> , 1951, and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>G. F. Wetherston M.D.</u>   |  |   |  | 23b. ADDRESS <u>Cameron Mo.</u>  |  | 23c. DATE SIGNED <u>6-21-51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>6-20-51</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>CAMERON Mo.</u>                 |  |
| DATE REC'D BY LOCAL REG. <u>6-30-51</u>   |  | REGISTRAR'S SIGNATURE <u>Winfred W. Moser</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss Crunk Cameron, Mo.</u>  |  |  |  |



MAR 13 1963

**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 Laurence J. Thompson

Licensed Embalmer No. 4935

P. O. Address Cameron, Md.

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.