No. 300
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FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20876

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5852 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ravenwood - rural (Jackson Twp.) | LENGTH OF STAY (In this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ravenwood - rural 0740
d. STREET ADDRESS (If rural, give location): 5 miles southwest 0

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE b. (Middle): A. c. (Last): HANKS

4. DATE OF DEATH (Month): 6 (Day): 22 (Year): 51

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 2/7/81

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own account

11. BIRTHPLACE (State or foreign country): Ravenwood, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Bruce Hanks

13b. MOTHER'S MAIDEN NAME: Emma Grimes

14. NAME OF HUSBAND OR WIFE: Iva Kerr Hanks

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. C. A. Hanks, Ravenwood, Mo.

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) Coronary Occlusion

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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 June 12, 1951, to June 22, 1951, that I last saw the deceased alive on June 21, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.*

23a. SIGNATURE R. G. Garten (Degree or title) D. O.

23b. ADDRESS: Ravenwood, Missouri

23c. DATE SIGNED: 6/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6/26/51

24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn

24d. LOCATION (City, town, or county) (State): Ravenwood, Missouri

DATE REC'D BY LOCAL REG.: 6-30-51

REGISTRAR'S SIGNATURE: Bess Holt 229 0

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 2
HEALTH OFFICE
DISTRICT
CAMDENTON, MO.

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 Robert L Santer

Licensed Embalmer No. 4782

P. O. Address Marysville 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.