

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23813

State File No.

FILED JUL 31 1951

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5814 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, carelessness before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY OR TOWN <u>Rural Burialo Twp.</u>		c. CITY OR TOWN <u>Rural Hawcreek Twp.</u> <u>071-6</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>8 miles S. W. Stover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake of Ozarks</u>			

3. NAME OF DECEASED (Type or Print) <u>Leonard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1951</u>		
a. (First)	b. (Middle)		c. (Last)		
<u>Leonard</u>	<u>Hankins</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>August 26, 1909</u>	9. AGE (In years last birthday) <u>41</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Camden County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>R.G. Hankins</u>	13b. MOTHER'S MAIDEN NAME <u>Tenna Cross</u>	14. NAME OF HUSBAND OR WIFE <u>Verna Hankins</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>Yes World War 11</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Verna Hankins Stover, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ASPHIXATION</u>	DUE TO (b) <u>DROWNING</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>6850X 38</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>CABLE RIDGE OF OZARKS</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>STOVER MORGAN MO.</u>
21d. TIME OF INJURY <u>July 22 1951/6:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>CAP SIZED BOAT</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Gene I. Sartain</u>	(Degree or title) <u>Coroner Morgan County, Mo.</u>	23b. ADDRESS <u>VERSAILLES, MO.</u>	23c. DATE SIGNED <u>JULY 23 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 26 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cable Ridge Cema</u>	24d. LOCATION (City, town, or county) (State) <u>Camden County, MO</u>
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DATE REC'D BY LOCAL REG. <u>July 26 1951</u>	REGISTRAR'S SIGNATURE <u>Wm L. Ripberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.R. Stevinson</u>	ADDRESS <u>Stover, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0710
3

RECEIVED 7-30-21.

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-30-21 _____

FILED
14-11-21

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14-11-21

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 _____

James R. Scrivner

Student Embalmer No. 404

working under my personal supervision.

Student James R. Scrivner
Student Embalmer

Signed _____

J. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.