

# STANDARD CERTIFICATE OF DEATH

State File No. **27699**

FILED AUG 30 1951

BIRTH NO. 544745 REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Middletown (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3 mi. S. of Middletown, Mo</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Un named</u> b. (Middle) c. (Last) <u>Hannon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 1951</u>	
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug. 13 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR: MONTHS: DAYS <u>23</u>
		11. BIRTHPLACE (State or foreign country) <u>Montgomery Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Dave Hannon</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dave Hannon</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre maturity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>7 months</u> DUE TO (c) <u>maternal - nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>toxemia</u>		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7695</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 8-13, 1951, to 8-14, 1951, that I last saw the deceased alive on 8-13, 1951, and that death occurred at 6:15 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bob Van Arsdale DO</u>		23b. ADDRESS <u>Montgomery City, Mo</u>		23c. DATE SIGNED <u>8-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY (State) LOCATION (City, town, or county) (State) <u>Catholic Cemetery Montgomery City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/14/51</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt 434</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bob Ickett Middletown Mo</u>	

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

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 27 1951

RECEIVED

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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.....  
.....

Licensed Embalmer No.....

P. O. Address.....

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.