

FILED SEP 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29368

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 256

|                                                                                           |  |                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Adair</u>                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Adair</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kirksville</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kirksville</u>                                           |  |
| c. LENGTH OF STAY (in this place)<br><u>7 yrs</u>                                         |  | d. STREET ADDRESS (If rural, give location)<br><u>College Farm</u>                                                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>College Farm</u>                            |  |                                                                                                                                     |  |

|                                                                                                                |                           |                                                                                                             |                                                          |
|----------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>BYRON</u> c. (Last) <u>HANES</u> |                           | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9-16-1951</u>                                                   |                                                          |
| 5. SEX <u>M</u>                                                                                                | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u>                                    | 8. DATE OF BIRTH<br><u>5-10-1861</u>                     |
| 9. AGE (In years last birthday) <u>90</u>                                                                      |                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> | 11. BIRTHPLACE (State or foreign country)<br><u>I.A.</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY                                                                              |                           | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                               |                                                          |

|                                                                                                                       |  |                                                                |  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|--|-------------------------------------------------------------|--|
| 13a. FATHER'S NAME<br><u>Daniel HANES</u>                                                                             |  | 13b. MOTHER'S MAIDEN NAME<br><u>ANNA ENGLAND</u>               |  | 14. NAME OF HUSBAND OR WIFE<br><u>Barbara HANES</u>         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><input checked="" type="checkbox"/> |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Harley W. Hanes</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, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>16 days</u> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                                                                                                          |  | DUE TO (b) <u>Nephrosis</u>                                                                   |  | <u>10 yrs.</u>                                     |  |
| DUE TO (c) <u>Prostatic Hypertrophy</u>                                                                                                                                                                                        |  |                                                                                               |  | <u>22 yrs</u>                                      |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                            |  |                                                                                               |  |                                                    |  |

|                                                 |  |                                                                                                        |  |                                                                                     |  |
|-------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>610X</u>                                                        |  | 20. AUTOPSY?<br>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) |  | 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 Aug 31, 1951, to Sept. 15, 1951, that I last saw the deceased alive on Sept. 15, 1951, and that death occurred at 8:12 P.M., from the causes and on the date stated above.

|                                                                    |  |                                               |  |                                                                               |  |
|--------------------------------------------------------------------|--|-----------------------------------------------|--|-------------------------------------------------------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><u>E. Bestman D.O.</u>         |  | 23b. ADDRESS<br><u>210 1/2 Kirksville Mo.</u> |  | 23c. DATE SIGNED<br><u>9/17/51</u>                                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>         |  | 24b. DATE<br><u>9-18-1951</u>                 |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Pleasant Home N. of Nowinger Mo.</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Blaine Mo.</u> |  | DATE REC'D BY LOCAL REG.<br><u>9-22-51</u>    |  | REGISTRAR'S SIGNATURE<br><u>Kate Lambert</u>                                  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Hopper Funeral Home</u>     |  | ADDRESS<br><u>Blaine Mo.</u>                  |  |                                                                               |  |

Dr. Bestman  
E. Hanes  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: SEP 24 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-57-1690  
Date Filed: SEP 24 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Louis E. Hopper

Signed.....  
Student Embalmer

Licensed Embalmer No. 4761

P. O. Address Clarence 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.