

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38458**

FILED DEC 7 1951

BIRTH NO. 54280-9 REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ralls.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural. Saline Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural. Saline Township.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Monroe City. RT D 30870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe City P.F.D.3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Karen</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Hancock.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 28. 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug. 3. 1951</u>
9. AGE (In years last birthday) <u>3</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Hannibal mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Creston Hancock</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Surges</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Creston Hancock Monroe City Mo.</u>		ADDRESS <u>Monroe City Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia.</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart disease</u> <u>4 mo</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mongolism</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7544</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Aug 28, 1951</u> , to <u>Nov 28, 1951</u> , that I last saw the deceased alive on <u>Nov 27, 1951</u> , and that death occurred at <u>3 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Hill M.D.</u>		23b. ADDRESS <u>Palmyra Mo</u>	
23c. DATE SIGNED <u>11/29/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-29-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ralls Co mo</u>	
DATE REC'D BY LOCAL REG. <u>11/30/51</u>		REGISTRAR'S SIGNATURE <u>Clyde Wilbey</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson's Sons</u>		ADDRESS <u>Monroe City mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 4
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2159
Date Filed: DEC 5

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 *Lawrence L. Hillery*

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address *Minor St. 12*

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.