

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19026**

FILED MAY 26 1952 REG. DIST. NO. 524 PRIMARY REG. DIST. NO. 6086 Registrar's No. 105

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Salt Fork</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Salt Fork</b>	
c. LENGTH OF STAY (in this place) <b>46 years</b>		d. STREET ADDRESS (If rural, give location) <b>I2 Miles S.E. Marshall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>I2 miles S.E. Marshall</b>			

3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>Louis</b> c. (Last) <b>Hanes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 20th, 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 3, 1872</b>		9. AGE (in years last birthday) <b>80</b>		10. IF UNDER 1 YEAR: Months <b>2</b> Days <b>17</b> IF UNDER 12 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County, Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Louis Whitman Hanes</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Lee</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Tina Dyke Hanes</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Tina D. Hanes, Napton, Mo. R# 2</b>	
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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				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of liver</b>					
		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. <b>Valvular insufficiency</b>				<b>5 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1561</b>				20. AUTOPSY? 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) m.		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 10, 1950**, to **May 20, 1952** that I last saw the deceased alive on **May 18, 1952**, and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. Putnam M.D. O.</b>		23b. ADDRESS <b>Marshall Mo</b>		23c. DATE SIGNED <b>5-21-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 22, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>May, 21, 1952</b>		REGISTRAR'S SIGNATURE <b>Widney F Gray 385</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Campbell-Lewis Marshall Mo.</b>	
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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. 4709

P. O. Address Marshall, 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.