

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19748

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5186 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cape Gir. 0160.				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) Rural life				
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1 Cape		d. STREET ADDRESS (If rural, give location) R.F.D. #1						
3. NAME OF DECEASED (Type or Print) JOHN H HANEBRINK			4. DATE OF DEATH (Month) (Day) (Year) June 19, 1952					
5. SEX M	6. COLOR OR RACE C W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6, 1881	9. AGE (In years last birthday) 71	if UNDER 1 YEAR 2 Months	if UNDER 1 YEAR 13 Days	if UNDER 1 HR. Hours	if UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Cape Girardeau County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John Hanebrink		13b. MOTHER'S MAIDEN NAME Thresa David		14. NAME OF HUSBAND OR WIFE Lora Hanebrink				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 493-32-7310	17. INFORMANT'S SIGNATURE OR NAME John Hanebrink Jr. Cape Gir. Mo			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Caul carcinoma, thrombosis						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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)		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 6/19, 1952, to 6/19, 1952 that I last saw the deceased alive on 6/19, 1952, and that death occurred at 8 PM, from the causes and on the date stated above.								
23a. SIGNATURE J. H. Keim MO		(Degree or title) MO		23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 6/20/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 22, 52	24c. NAME OF CEMETERY OR CREMATORY Fairmont		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.			
DATE REC'D BY LOCAL REG. 6-20-52		REGISTRAR'S SIGNATURE C. C. Summers 44-0		25. FUNERAL DIRECTOR'S SIGNATURE Walthers Funeral Home		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

160
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JUN 23 1952

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 *William Lee Jones*

Licensed Embalmer No. *4410*

P. O. Address *Cape Girardeau, 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.