

FILED JUL 14 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5-65-7  
Registrar's No. 17 (17)

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5580

1550  
1

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Madison</u> <u>0557</u>	
c. LENGTH OF STAY (In this place) <u>3Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>LaRussell # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LaRussell # 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) _____ c. (Last) <u>Hancock</u>			4. DATE OF DEATH <u>July 1, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH— <u>12/1/1866</u>		9. AGE (In years last birthday) <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>David Spence</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James P Hancock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Price Hancock, Carthage, Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH
*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 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 _____		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? <u>490X</u>	

22. I hereby certify that I attended the deceased from June 1, 1952, to June 30, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Coats MD</u> (Degree or title) _____		23b. ADDRESS <u>Joplin Mo</u>		23c. DATE SIGNED <u>7-3-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/3/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fullerton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>7-6-52</u>		REGISTRAR'S SIGNATURE <u>W. S. Burrey</u> <u>1580</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Illmer Funeral Home, Carthage, Mo.</u> ADDRESS _____	
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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 \_\_\_\_\_

*Robert E. Muckhaman*

Student Embalmer No. 462

working under my personal supervision.

Student *Robert E. Muckhaman*  
Student Embalmer

Signed *William B. Cantrell*

Licensed Embalmer No. 4820

P. O. Address *Springfield, 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.