

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 29 1952

BIRTH NO. _____ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 5112 A Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Scopus</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Scopus</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles west of Scopus, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			
3. NAME OF DECEASED a. (First) <u>Henry</u> (Type or Print)		b. (Middle) <u>Nige</u>	
		c. (Last) <u>Hanners</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1952</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/9/1881</u>
9. AGE (In years) (Month) (Day) <u>71</u> <u>3</u> <u>10</u>		IF UNDER 1 YEAR IF UNDER 2 HRS. IF UNDER 1 MIN. <u>10 AM</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Hanners</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Bulliam</u>	
14. NAME OF HUSBAND OR WIFE <u>Nancy Hanners</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Hanners</u>		ADDRESS <u>Bessville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Ca Prostate</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>1947</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>8-20-47</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca Prostate</u>	
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 <u>8-14, 1947</u> to <u>9-19, 1952</u> that I last saw the deceased alive on <u>7-18, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Subburg</u>		(Degree or title)	
23b. ADDRESS <u>801 W. Broadway</u>		23c. DATE SIGNED <u>8-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-21/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Public</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 25. 52</u>		REGISTRAR'S SIGNATURE <u>Willie VanDunburgh</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Kinley</u>		ADDRESS <u>Latawille Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *R. O. Laine*

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.