

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31164

State File No. ....

No. 300  
10.48

FILED SEP 16 1952

REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 70

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

|   |                        |   |   |
|---|------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Dent   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Dent   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem  |                        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem Mo   |   |
| c. LENGTH OF STAY (in this place) yr's  |                        | 1331  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION x   |                        | d. STREET ADDRESS (If rural, give location) Carty Street  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Frank   |                        | b. (Middle) E   |   |
| c. (Last) Hanning   |                        | 4. DATE OF DEATH (Month) (Day) (Year) 9/12/52   |   |
| 5. SEX male 0   | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /  | 8. DATE OF BIRTH August 28/76                                   |
| 9. AGE (In years last birthday) 76  |                        | IF UNDER 1 YEAR Months  | IF UNDER 24 HRS. Hours  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer  |                        | 10b. KIND OF BUSINESS OR INDUSTRY x   | 11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo 0 |
| 12. CITIZEN OF WHAT COUNTRY?  |                        | 13a. FATHER'S NAME James Hanning  |   |
| 13b. MOTHER'S MAIDEN NAME Nancy Nash  |                        | 14. NAME OF HUSBAND OR WIFE Ida Hanning   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO  |                        | 16. SOCIAL SECURITY NO. x   |   |
| 17. INFORMANT'S SIGNATURE OR NAME Ida Hanning   |                        | ADDRESS Salem Mo  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Rt. Kidney<br><br>INTERVAL BETWEEN ONSET AND DEATH 1 yr.<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. 180X |   |
| 19a. DATE OF OPERATION 12-12-51   |                        | 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rt. Kidney   |   |
| 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 7/1, 1952, to 9/12, 1952, that I last saw the deceased alive on 9/12, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.  |   |
| 23a. SIGNATURE (Degree or title) J. Paul Mitchell, M.D.   |                        | 23b. ADDRESS Salem, Mo.   |   |
| 23c. DATE SIGNED 9/13/52  |                        | 24a. BURIAL, CREMATION, REMOVAL (Specify) burial /  |   |
| 24b. DATE 9/14/52   |                        | 24c. NAME OF CEMETERY OR CREMATORY Clear Grove Cem  |   |
| 24d. LOCATION (City, town, or county) Salem Mo  |                        | 24e. (State)  |   |
| DATE REC'D BY LOCAL REG. 9-13-52  |                        | REGISTRAR'S SIGNATURE M. M. Hart, M.D.  |   |
| FUNERAL DIRECTOR'S SIGNATURE  |                        | ADDRESS   |   |

255 2 100

**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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed Carl K. Johnson

Licensed Embalmer No. 2370

P. O. Address Salina, 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.