No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33892

State File No.

FILED SEP 22 1952

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 41

971

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
c. LENGTH OF STAY (In this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater 0971
d. STREET ADDRESS (If rural, give location): 721 N. Main

3. NAME OF DECEASED (Type or Print): a. (First) Cammie b. (Middle) Lee c. (Last) Hanner

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12-1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June, 20, 1888

9. AGE (In years last birthday): 64 — If under 1 year: Months 2, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: regular

11. BIRTHPLACE (State or foreign country): Warren County, Mo.

12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: William H. Davis

13b. MOTHER'S MAIDEN NAME: Nancy Jane Cullom

14. NAME OF HUSBAND OR WIFE: Thos. P Hanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Thos. P. Hanner — ADDRESS: Slater-Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.A. Gastrec — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 to 6 yrs
DUE TO (c) Hyper. Static Pneumon — 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION: May 6-52

19b. MAJOR FINDINGS OF OPERATION: Large Mass. Asc. Gall Bladder Adhesions

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Non

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Non m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: None 151X

22. *I hereby certify that I attended the deceased from* 4-28, 19 52 *to* 9-11, 19 52, *that I last saw the deceased alive on* 9-11, 19 52, *and that death occurred at* 12:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Rod Coward (Degree or title) MD MN — **23b. ADDRESS**: 506 N. Main St Slater — **23c. DATE SIGNED**: 9/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 9/15/1952

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Slater, Mo.

DATE REC'D BY LOCAL REG.: 9/15/52

REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz

25. FUNERAL DIRECTOR'S SIGNATURE: Hill Brothers — ADDRESS: Slater, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1957

OCT 6 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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, 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.