

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39220

State File No. _____

FILED NOV 20 1952
BIRTH NO. 1247743A (REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5796 Registrar's No. 52)

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DESOTO RURAL (VALE) 5th</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DESOTO STAR ROUTE 0500</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 MI. W. OF DESOTO HY 21 + N 1/2</u>			d. STREET ADDRESS (If rural, give location) <u>1/2 MI. W. OF DESOTO HY 21 + N 1/2</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>DOUGLAS</u> c. (Last) <u>HANNA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 27 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>V</u>	8. DATE OF BIRTH <u>OCT. 22 1952</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR <u>5</u> Months <u>5</u> Days <u>5</u> Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>DESOTO RURAL MO</u>	
13a. FATHER'S NAME <u>ROBERT LEE HANNA</u>			13b. MOTHER'S MAIDEN NAME <u>LOUVENIA DOUGLAS</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Lee Hanna</u> ADDRESS <u>Star Route Desoto Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>none</u>			19a. DATE OF OPERATION <u>none</u>		
19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>none</u>			19a. DATE OF OPERATION <u>none</u>		
19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>no</u>		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>Oct 22, 1952</u> , to <u>Oct 27, 1952</u> , that I last saw the deceased alive on <u>Oct 26, 1952</u> , and that death occurred at <u>11:30 m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Marie Farris</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Desoto Mo.</u>		23c. DATE SIGNED <u>Oct 28, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BORIAL</u>		24b. DATE <u>OCT. 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>DESOTO MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. White</u> ADDRESS <u>Desoto Mo</u>			

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

500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED NOV 12 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.

Not Embalmed

Student _____
Student Embalmer

Signed _____

Samuel B. Dietrich

Licensed Embalmer No. *4104*

P. O. Address *Lebanon 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.