

NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39378

|  |                           |  |  |   |   |   |  |
|--|---------------------------|--|--|---|---|---|--|
| BIRTH NO. _____  |                           | REG. DIST. NO. <u>183</u>  |  | PRIMARY REG. DIST. NO. <u>5680</u>  |   | Registrar's No. <u>12-152</u>   |  |
| 1. PLACE OF DEATH  |                           |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |   |   |  |
| a. COUNTY <u>Linn</u>  |                           | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning Enterprise</u>                  |  | a. STATE <u>Missouri</u>  |   | b. COUNTY <u>Linn</u>   |  |
| c. LENGTH OF STAY (in this place)  |                           | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning Enterprise</u>                  |  | d. STREET ADDRESS (If rural, give location) <u>0580</u>                               |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |                           |  |  |   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)  |                           |  | 4. DATE OF DEATH                                     |   |   |   |  |
| a. (First) <u>Clara</u>  | b. (Middle) <u>L</u>      | c. (Last) <u>Hannan</u>  | Month <u>NOV</u>                                     | Day <u>1</u>  | Year <u>1952</u>  |   |  |
| 5. SEX <u>fe</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>Mar. 7, 1880</u>                 |   | 9. AGE (In years last birthday) <u>72</u>                               | IF UNDER 1 YEAR Months _____ Days _____                               | IF UNDER 1 HRS. Hours _____ Min. _____ |
| 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 <u>Home</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>                    |   | 12. CITIZEN OF WHAT COUNTRY? <u>U</u>                                 |  |
| 13a. FATHER'S NAME <u>Josaua Lambert</u>   |                           | 13b. MOTHER'S MAIDEN NAME <u>Sarah Guyer</u>   |  | 14. NAME OF HUSBAND OR WIFE   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____  |                           | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Red Hannan</u>                                   |   | ADDRESS <u>Browning, MO.</u>  |  |
| 18. CAUSE OF DEATH   |                           | MEDICAL CERTIFICATION  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH                                      |  |
| Enter only one cause per line for (a), (b), and (c)  |                           | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>   |  |   |   | <u>2 weeks</u>  |  |
| *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  |  |   |   |   |  |
|  |                           | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                         |  |   |   |   |  |
|  |                           | DUE TO (b) _____   |  |   |   |   |  |
|  |                           | DUE TO (c) <u>Hypertension</u>   |  |   |   | <u>6 or 7 years</u>   |  |
|  |                           | II. OTHER SIGNIFICANT CONDITIONS   |  |   |   |   |  |
|  |                           | Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u> |  |   |   | <u>4 years</u>  |  |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION <u>4/4/4 X</u>  |  |   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.   |                           | 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>June</u> , 19 <u>44</u> , to <u>Nov 4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 30</u> , 19 <u>52</u> , and that death occurred at <u>12:01 a.</u> m., from the causes and on the date stated above. |                           |  |  |   |   |   |  |
| 23a. SIGNATURE <u>J.R. Martin</u> (Degree or title) <u>M.D.</u>  |                           |  |  | 23b. ADDRESS <u>Browning, Mo</u>  |   | 23c. DATE SIGNED  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                           | 24b. DATE <u>Nov 4, 52</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Enterprise</u> |   | 24d. LOCATION (City, town, or county) (State) <u>Browning Rural Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG. <u>Nov. 13 1952</u>   |                           | REGISTRAR'S SIGNATURE <u>Elva Crookshank</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>                             |   | ADDRESS <u>Browning, MO.</u>  |  |

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

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  me, or by  \_\_\_\_\_

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

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Gerald T. Wade*

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.