

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>21</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 TEMPLE</u>				d. STREET ADDRESS (If rural, give location) <u>210 TEMPLE 6003</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>RUSSELL</u> c. (Last) <u>HANKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 25 1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 13, 1895</u>	9. AGE (In years last birthday) <u>57</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 28 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ELBERT E. HANKINS</u>		13b. MOTHER'S MAIDEN NAME <u>ANGELINA ORR</u>		14. NAME OF HUSBAND OR WIFE <u>OVA P. HANKINS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>517-14-8851</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>OVA P. HANKINS 210 TEMPLE SPRINGS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction, old; TUB</u> DUE TO (c) <u>Hypertension + coronary atherosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u> <u>2 1/2 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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>NOV 1952</u> , to <u>4-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-24</u> , 19 <u>53</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David Musgrave M.D.</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>4-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BRAYMER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BRAYMER, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-3-53</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Charles Richard Excelsior Springs Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

002
1

JUL 31 1959

JUN 15 1959

SEP 23 1959

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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.