

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25781**

FILED JUL 20 1953

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **131**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Nodaway	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quitman	d. STREET ADDRESS (If rural, give location) none
c. LENGTH OF STAY (In this place) 4 days		e. COUNTY Nodaway	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		f. STATE Missouri	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) BERMAN	b. (Middle) KENSEL	c. (Last) HANKINS	Month 6	Day 30	Year 53
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/30/88		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and State or Foreign Country) Quitman, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Hankins	13b. MOTHER'S MAIDEN NAME Mary Weddel	14. NAME OF HUSBAND OR WIFE Bertha Darrow Hankins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-07-3504	17. INFORMANT'S SIGNATURE OR NAME Mrs. B. K. Hankins, Quitman, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascula Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Coronary DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to June 30, 1953, that I last saw the deceased alive on 6-30, 1953, and that death occurred at 10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 7-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/3/53	24c. NAME OF CEMETERY OR CREMATORY Miriam	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
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DATE REC'D BY LOCAL REG. 7-18-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Marysville 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.