

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25991

FILED AUG 7 - 1953

State File No.

BIRTH NO.		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>4450</u>		Registrar's No. <u>390</u>		
1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u>		c. LENGTH OF STAY (In this place) <u>17 Months.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u>		0910		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>201 Pine Street.</u>				d. STREET ADDRESS (If rural, give location) <u>201 Pine Street.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Hanners.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 3 1953.</u>	
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow.</u>	8. DATE OF BIRTH <u>Jan. 19, 1875.</u>	9. AGE (In years last birthday) <u>78.</u>	10 UNDER 1 YEAR Months <u>12</u> Days <u>14</u>	11 UNDER 24 HRS. Hours <u>---</u> Mins. <u>---</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Daniel Atkinson.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>Ferdinand F. Hanners.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cleta Hanners, Doniphan.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>				DUE TO (b) <u>Hypertension Heart</u>		2 days		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Trouble.</u>						3 yrs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>Aug 2, 1953</u> to <u>Aug 3, 1953</u> , that I last saw the deceased alive on <u>8-2-1953</u> , and that death occurred by <u>10 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>G. G. Johnston, M.D.</u>				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>8-4-53.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>August 5, 1953.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>8-4-53</u>		REGISTRAR'S SIGNATURE <u>G. G. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Meems</u>		ADDRESS <u>Doniphan, Mo.</u>		

JUN 8 1955

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.