

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4292**

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

FILED MAR 12 1954

BIRTH NO. 68 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY OR TOWN <u>Ozark Rural Township</u>		c. CITY OR TOWN <u>Ozark</u>	
c. LENGTH OF STAY (in this State)		d. STREET ADDRESS (If usual, give location) <u>R.R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. DATE OF DEATH (Month) (Day) (Year) <u>1 26 1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Scott</u> c. (Last) <u>HANKS</u>		4. DATE OF DEATH (Month) (Day) (Year)	
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>Mar. 22, 1868</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Hanks</u> 13b. MOTHER'S MAIDEN NAME <u>Sally Brown</u> 14. NAME OF HUSBAND OR WIFE <u>MAC</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> <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Albert Hanks, Ozark, Mo.</u> ADDRESS <u>Ozark, 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>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, generalized</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		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) (Minute)	
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>1 Sept, 1953</u> , to <u>26 Jan, 1954</u> , that I last saw the deceased alive on <u>24 Jan, 1954</u> , and that death occurred at <u>10:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>DORIS M.D.</u>		23b. ADDRESS <u>Ozark, Mo.</u>	
23c. DATE SIGNED <u>5 Feb 54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scamore Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Ozark, Rural, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Ferrell</u> ADDRESS <u>Regerdale, Mo.</u>	
DATE RECD BY LOCAL REG. <u>Feb 1-1954</u>		REGISTRAR'S SIGNATURE <u>Luella Leonard</u> 59-11	

DEC 8 1957

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

working under my personal supervision.

Student Embalmer No.....

Signed *Max J Miller*

Signed.....
Student Embalmer

Licensed Embalmer No. *4720*

P. O. Address *Fairland, 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.