

FILED MAY 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11615**BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4168** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) Osborn		c. CITY (If outside corporate limits, write RURAL and give township) Osborn	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 03207	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) J.		c. (Last) Hanlin		4. DATE OF DEATH (Month) (Day) (Year) April 20 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 9 1875		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Osborn Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Robert Hanlin		13b. MOTHER'S MAIDEN NAME Ellen Scott		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Ellis	
				ADDRESS 1110 Church St. St. Joseph Mo	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Sudden	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-nephritis		10 yrs.	
		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 442x		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 **Oct 1925** to **April 20, 1954** that I last saw the deceased alive on **Feb 21, 1954**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Clarence Pherson M.D.		(Degree or title)		23b. ADDRESS Maysville Mo		23c. DATE SIGNED 4-22-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-1954		24c. NAME OF CEMETERY OR CREMATORY Osborn		24d. LOCATION (City, town, or county) (State) Osborn Missouri	
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DATE REC'D BY LOCAL REG. 4-20-54		REGISTRAR'S SIGNATURE R. Davis		FURNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME		ADDRESS MAYSVILLE MISSOURI	
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82-0/ (Licensed Embalmer's Statement on Reverse Side)

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

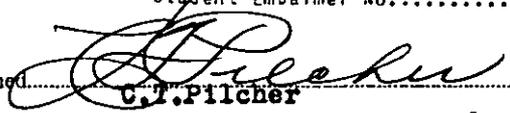
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....


C.F. Pilcher

Signed.....
Student Embalmer

Licensed Embalmer No. 3960

P. O. Address. Maysville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.