

FILED APR 19 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12500

BIRTH NO.		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4258		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY KNOX				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EDINA		c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL HIGHLAND		0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION GIBSON HOSPITAL				d. STREET ADDRESS (If rural, give location) So. West of DURHAM			
3. NAME OF DECEASED (Type or Print) a. (First) ROSETTA		b. (Middle) MAE		c. (Last) HANLEY		4. DATE OF DEATH (Month) (Day) (Year) APRIL 8, 1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 28, 1885	
9. AGE (In years last birthday) 69		10. MONTHS 0		11. DAYS 10		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXX		11. BIRTHPLACE (City and State or Foreign Country) WYCONDA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME SYLVESTER GRINDLE		13b. MOTHER'S MAIDEN NAME LENORA NEWBERRY		14. NAME OF HUSBAND OR WIFE WILLIAM HANLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXXXXXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM HANLEY DURHAM, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Cardiac Failure (b) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Hypertensive Disease DUE TO (c) Arteriosclerosis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia et Arterial Nephrosclerosis				INTERVAL BETWEEN ONSET AND DEATH 10 days 6-8 weeks 10 years(?) 6-8 weeks	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Edina		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Edina Knox Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6:00 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from March 29, 1954, to April 8, 1954, that I last saw the deceased alive on April 8, 1954, and that death occurred at 3:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE William J. Freitas, M.D.		23b. ADDRESS 915 Gibson Hospital, Edina, Mo.		23c. DATE SIGNED 4/12/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/10/54		24c. NAME OF CEMETERY OR CREMATORY HESTER		24d. LOCATION (City, town, or county) (State) HESTER, MISSOURI	
DATE REC'D BY LOCAL REG. Apr. 13-54		REGISTRAR'S SIGNATURE Helle S. Hurst		25. FUNERAL DIRECTOR'S SIGNATURE Charles L. Arnold, Jr.		ADDRESS Lewistown, Mo.	

(Licensed Embalmers' 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 _____

Charles F. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.