

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22621

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY OR TOWN Robertsville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 days		e. STREET ADDRESS (If rural, give location) Rural Route #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		0360	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Hanneke c. (Last) Hanneke			4. DATE OF DEATH (Month) (Day) (Year) Aug 4 1954		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1888	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR 2 Months
11. BIRTHPLACE (City and State or Foreign Country) Robertsville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming			

13a. FATHER'S NAME Joseph Hanneke		13b. MOTHER'S MAIDEN NAME Louise Wolf		14. NAME OF HUSBAND OR WIFE Teresa Hanneke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Teresa Hanneke Union	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured left femur E9040 DUE TO (c) 21 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Esophageal Varices with Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 16 hrs 6 days 10 hrs
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fractured femur		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) Robertsville Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-29-54 9A.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall in his home 036	

2. I hereby certify that I attended the deceased from 7-29, 1954, to 8-4, 1954, that I last saw the deceased alive on 8-4, 1954 and that death occurred at 4:45 P.M., from the causes and on the date stated above, No

23a. SIGNATURE Ernest L. O. [Signature]		(Degree or title) Doctor of Medicine		23b. ADDRESS 13. N. [Address]	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-7-54		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	
				24d. LOCATION (City, town, or county) (State) Robertsville, Missouri	

DATE REC'D BY LOCAL REG. 8/6/54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Halau Johanneser Union, Mo.	
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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.....
Signature of Student Embalmer

Signed *Harlow J. Chambers*

Licensed Embalmer No. *44*

P. O. Address *Union,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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