

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24104

State File No.

No. 300
10-48

FILED JUL 21 1954

BIRTH NO. _____ REG. DIST. NO. 1301 PRIMARY REG. DIST. NO. 4482 Registrar's No. 461

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DONIPHAN</u>	
c. LENGTH OF STAY (in this place) <u>YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>508 PLUM</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>508 PLUM</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DEWEY</u>	b. (Middle) <u>DALLAS</u>	c. (Last) <u>HANCOCK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12-1954</u>
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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>APRIL 15-1903</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 24 HRS. Hours <u>27</u>	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CABINET + FLOORS</u>	11. BIRTHPLACE (State or foreign country) <u>OKLA - MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>EMER HANCOCK</u>	13b. MOTHER'S MAIDEN NAME <u>EDDA BRADSHAW</u>	14. NAME OF HUSBAND OR WIFE <u>MARIE HANCOCK</u>
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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>440-14-3791</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARIE HANCOCK</u>	ADDRESS <u>DONIPHAN - MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarct</u>		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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 July 4, 1954, to July 12, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank C. Johnson MD</u> (Degree or title)	23b. ADDRESS <u>Doniphan Mo</u>	23c. DATE SIGNED <u>7-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>DONIPHAN - MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>7-19-54</u>	REGISTRAR'S SIGNATURE <u>Frank C. Johnson</u> 277	25. FUNERAL DIRECTOR'S SIGNATURE <u>EDWARDS FUNERAL HOME</u>	ADDRESS <u>DONIPHAN - MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0910

0910

SEP 29 1958

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

Gene Starnett

Licensed Embalmer No. 4809

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.