

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26823**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>842</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u> township)		c. LENGTH OF STAY (in this place) <u>66 days</u>		c. CITY OR TOWN <u>Bradleyville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1060</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>D</u> c. (Last) <u>Hankins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 6, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 21, 1879</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Hankins</u>			13b. MOTHER'S MAIDEN NAME <u>Phodie Pate</u>		14. NAME OF HUSBAND OR WIFE <u>- - -</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Taney Irby, 1879 N. Lyon, Springfield</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Mo</u>	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Cardiac Decompensation</u>			
				DUE TO (c) <u>rheumatic fever.</u>			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>Advanced rheumatoid arthritis</u>			
		<u>Carcinoma right lung.</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)		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>3/26/52</u> , 19 <u> </u> , to <u>9/6/54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>9/6/54</u> , 19 <u> </u> , and that death occurred at <u>2:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leland E. West, M.D.</u>				23b. ADDRESS <u>700 E. Sunshine, Springfield, Mo.</u>		23c. DATE SIGNED <u>9-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8 Sept. 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Taney County, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>9-8-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Phiers, Springfield, Missouri</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1954

SEP 29 1954

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 *Ralph H. Greene*.....

Licensed Embalmer No. 3681.....
Springfield,
P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.