

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34252

State File No. _____

FILED OCT 25 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place) 9 day		f. STREET ADDRESS (If rural, give location) 724 SOUTH FULLER	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEP. SANITARIUM			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle)	c. (Last) HANFORD	4. DATE OF DEATH (Month) (Day) (Year) OCT. 11 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 19 1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 3 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. LANDSCAPE NURSERY	10b. KIND OF BUSINESS OR INDUSTRY NURSERY	11. BIRTHPLACE (City and State or Foreign Country) Carroll Co. Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MORRIS HANFORD	13b. MOTHER'S MAIDEN NAME CORNELIA WELCH	14. NAME OF HUSBAND OR WIFE LILLIE C. HANFORD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS LILLIE C HANFORD	ADDRESS INDEP. MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hepatocelebric terminal Uremia		Chronic
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	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)
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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?
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22. I hereby certify that I attended the deceased from Oct 2, 1954, to Oct 11, 1954, that I last saw the deceased alive on Oct 11, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Hickerson (Degree or title) med 9	23b. ADDRESS 1111 Bard Bldg. Independence Mo	23c. DATE SIGNED 10/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT 13 1954	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEM.	24d. LOCATION (City, town, or county) (State) INDEPENDENCE MISSOURI
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DATE REC'D BY LOCAL REG. 10-13-54	REGISTRAR'S SIGNATURE James K. ...	25. FUNERAL DIRECTOR'S SIGNATURE Walter ...	ADDRESS ...
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WRITE PLAINLY—USING UNFAADING 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.....
William L. Holey

Licensed Embalmer No. *42*

P. O. Address.....
Indy

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.