

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34277

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 193

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) Rural - Sni Mills		c. CITY OR TOWN Oak Grove	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 822 yrs		c. CITY OR TOWN Oak Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence S.E. Oak Grove		e. STREET ADDRESS (If rural, give location) Rural S.E. Oak Grove	

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) W. c. (Last) Hancock			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 13, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (City and State or Foreign Country) Sni Mills, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Waller W. Hancock	13b. MOTHER'S MAIDEN NAME Rebecca Beamer	14. NAME OF HUSBAND OR WIFE Iva Mae Hancock
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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) yes WW I	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Iva Mae Hancock, Oak Grove, Mo.	ADDRESS Oak Grove, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by Hanging		
	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. History Mental Condition			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E974X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-13-54 9⁰⁰ A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Wing Snuff with rope
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9 AM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh A. Owens Coroner	23b. ADDRESS 1034 Piatt Bldg	23c. DATE SIGNED 10-14-54
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 10/16/54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.	24d. LOCATION (City, town, or county) (State) Oak Grove, Mo.
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DATE REC'D BY LOCAL REG. 10-14-54	REGISTRAR'S SIGNATURE N. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Geo. Carson	ADDRESS Independence, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV

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 *J. A. Gibson*
Licensed Embalmer No. *487*

P. O. Address *Indep,*

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.