

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 039 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lincoln (Rural-white)</u>	
c. LENGTH OF STAY (In this place) <u>yes</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile east. White Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>HANES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16, 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>Dec 31, 1881</u>		9. AGE (In years last birthday) <u>72</u> of UNDER 1 YEAR Months <u>10</u> Days <u>15</u> of UNDER 24 HRS. Hours <u>3</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Bentley Riley Hanes</u>		13b. MOTHER'S MAIDEN NAME <u>Roseann Rank</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Hanes</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Hanes</u> ADDRESS <u>Lincoln, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u> ANTECEDENT CAUSES <u>MI</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infarction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Subacute</u> <u>2 to 3 days</u>	
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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)		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 Mar 1953 to Nov 16, 1954, that I last saw the deceased alive on Nov 11, 1954, and that death occurred at 8:50 a.m. Nov 16, 1954, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Taylor R. Miller, D.O.</u>		23b. ADDRESS <u>Box 13</u>		23c. DATE SIGNED <u>Nov 17, 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Benton Co. Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Nov 17, 1954</u>		REGISTRAR'S SIGNATURE <u>E. T. Eckhoff</u>		394		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Riser</u> ADDRESS <u>Lincoln, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 John J. Reese

Licensed Embalmer No. 4098

P. O. Address Wauisaw

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.