

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36533

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY OR TOWN <u>CENTRALIA</u>		c. CITY OR TOWN <u>CENTRALIA</u>	
c. LENGTH OF STAY (In this place) <u>10 MONTH</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 N. BARR</u>		e. STREET ADDRESS (If rural, give location) <u>205 N. BARR</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVALINA</u> b. (Middle) <u>MAY</u> c. (Last) <u>HANNA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 10 19 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>FEB-10-1891</u>		9. AGE (In years last birthday) <u>63</u> Months <u>9</u> Days <u>9</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>—</u>	

13a. FATHER'S NAME <u>FRANK HANNA</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA SMILEY</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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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>Marie Kirkland</u> ADDRESS <u>CENTRALIA</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>			
		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)		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 11/19 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____; and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Sweet Jr MD Coroner</u> (Degree or title)		23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>11/19/54</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Fork</u>	
				24d. LOCATION (City, town, or county) (State) <u>MONROE County Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Nov 22-1954</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25 FUNERAL DIRECTOR'S SIGNATURE <u>ARNOLD FUNERAL HOME</u> ADDRESS <u>MEXICO, MO</u>	
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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.....
Chas. Amis

Licensed Embalmer No..... 356

P. O. Address *Muskegon*

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.