

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38201

BIRTH NO. _____		REG. DIST. NO. <u>2165</u>		PRIMARY REG. DIST. NO. <u>5897</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nottingham</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Nottingham</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>Rural - Ozark County, 0970</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Evanett</u>		b. (Middle) _____		c. (Last) <u>Hanley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-54</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-29-1904</u>	
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nottingham Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nathan Hanley</u>		13b. MOTHER'S MAIDEN NAME <u>Antie Hanley</u>		14. NAME OF HUSBAND OR WIFE <u>Antie Hanley</u>			
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>494-18-0572</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Evanett Hanley</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> ANTECEDENT CAUSES <u>Bronchial asthma</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>8 mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>241X</u>		20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan. 4m, 1954</u> , to <u>Sept. 1, 1954</u> , that I last saw the deceased alive on <u>Sept 1</u> , 19 <u>54</u> , and that death occurred at <u>5:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. J. Oberman D.O.</u>		(Degree or title)		23b. ADDRESS <u>Gainesville, Mo.</u>		23c. DATE SIGNED <u>9/2/54</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Franklin Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-13-54</u>		REGISTRAR'S SIGNATURE <u>Mae Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Kingbeard</u>		ADDRESS <u>Gainesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *J. B. Elmer*.....

Licensed Embalmer No. *488*.....

P. O. Address *San Francisco*.....

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.