

STANDARD CERTIFICATE OF DEATH

State File No. 39823

FILED NOV 22 1954

BIRTH MO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6102 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Scotland <i>Jefferson Twp</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis Rural		c. LENGTH OF STAY (In this place) 24 yrs.	c. CITY OR TOWN Memphis
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0990	

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle) Morris	c. (Last) Hane	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 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 Aug. 15, 1950	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME John Hane	13b. MOTHER'S MAIDEN NAME Maud Riebel	14. NAME OF HUSBAND OR WIFE Vesta Irene Hane, Memphis
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Vesta Irene Hane	ADDRESS Memphis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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? 4202
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22. I hereby certify that I attended the deceased from 11-14-1954, to 11-14-1954, that I last saw the deceased alive on 11-14-1954, and that death occurred at Noon m., from the causes and on the date stated above.

23a. SIGNATURE A.M. Keethler D.O.	23b. ADDRESS Memphis Mo	23c. DATE SIGNED 11-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Scotland Co., Mo.
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DATE REC'D BY LOCAL REG. 11/17/54	REGISTRAR'S SIGNATURE Vera G. Turner	4767	25. FUNERAL DIRECTOR'S SIGNATURE G. H. Smith	ADDRESS Memphis Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0990

MAR 22 1955

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.....
Fred Gutz

Licensed Embalmer No.....
4250

P. O. Address.....
7mm

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.