

FILED APR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7433

State File No. 242

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5135		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE MISSOURI b. COUNTY BUTLER			
b. CITY (If outside corporate limits, write RURAL and give number) OR TOWN RURAL-ASHHILL Twp		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY OR TOWN RURAL-ASHHILL Twp		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 MILE N.W. of Brosley				STREET ADDRESS 1/2 Mile N.W. of Brosley			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) A		c. (Last) HANLEY		4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 1955	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-6-1872	
9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) MT. Vernon Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME JOHN HANLEY		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Martha Hanley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Martha Hanley			
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) <i>Coronary heart disease</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-1-1945, to 3-6-1955, that I last saw the deceased alive on 3-5-1955, and that death occurred at 8:00 m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Dr. H. H. H. H.</i>		(Degree or title)		23b. ADDRESS <i>Prof. Bluff</i>		23c. DATE SIGNED 3-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-9-55		24c. NAME OF CEMETERY OR CREMATORY Brown Chapel		24d. LOCATION (City, town, or county) (State) Butler County, Mo.	
DATE RECEIVED BY LOCAL REG. 4/4/55		REGISTRAR'S SIGNATURE <i>R. W. Muesel</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. C. White</i>		ADDRESS Fisk, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 11 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Raymond L. Duff

Licensed Embalmer No. 47

P. O. Address Bernie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.