No. 300
10-48

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

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8981

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4377 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): QUITMAN
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NODAWAY
c. CITY OR TOWN: BURLINGTON JCT
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0740
e. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle): CLARCK
c. (Last): HANKINS

4. DATE OF DEATH (Month) (Day) (Year): MAR 28 1955

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV 19, 1890
9. AGE (In years last birthday): 64 — If under 1 year: Months 4 Days 9 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): ST JOSEPH MISSOURI
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: C.E. DELAND
13b. MOTHER'S MAIDEN NAME: KITTIE JONES
14. NAME OF HUSBAND OR WIFE: DOCK HANKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ____ (If yes, give war or dates of service) ____
16. SOCIAL SECURITY NO. ____
17. INFORMANT'S SIGNATURE OR NAME: Dock Hankins — ADDRESS: Burlington Jct Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency — Interval between onset and death: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Valvular Cardiac disease — 15 yrs
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: No operations 42,4
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) m.
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* Not to Headach *that I last saw the deceased alive on* Not seen *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.D. Dean — Coroner M.D.
23b. ADDRESS: Maryville Mo
23c. DATE SIGNED: 3-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-30-1955
24c. NAME OF CEMETERY OR CREMATORY: IOOF CEMETERY
24d. LOCATION (City, town, or county) (State): QUITMAN MO

DATE REC'D BY LOCAL REG.: 4-2-55
REGISTRAR'S SIGNATURE: Leso Holt
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Burl. Jct Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1955

APR 5 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2968

P. O. Address Burl. Jct.

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