

FILED DEC 12 1955
Dr. FitchTHE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36546

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1106

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY OR TOWN Springfield | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 10 Mo. | | e. STREET ADDRESS (If rural, give location) 1623 Irving | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Fosters Nursing Home | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HANKINS c. (Last) HANKINS | | | 4. DATE OF DEATH (Month) (Day) (Year) December 7, 1955 |
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|--------------------|-------------------------------|---|--------------------------------------|---|---|---------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 1 March 1871 | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? use |
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| 13a. FATHER'S NAME Jack Hankins | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Deceased |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Ruth Earnhart | ADDRESS Springfield, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal-Vascular Disease | | INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN |
| | | 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. 442X | | |

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| 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) (Min.) | 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 **Feb 1, 1955**, to **Dec 7, 1955**, that I last saw the deceased alive on **Aug 22, 1955**, and that death occurred at **5:15 PM**, from the causes and on the date stated above.

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| 23a. SIGNATURE Mrs. Fitch | (In type or title) Mrs. | 23b. ADDRESS 1711 Boonville Springfield, Missouri | 23c. DATE SIGNED 12-9-55 |
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|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-10-55 | 24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri |
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| DATE REC'D BY LOCAL REG. 12-9-55 | REGISTRAR'S SIGNATURE Edith Williamson | 25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. | ADDRESS Springfield, Mo. |
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(Licensed Embalmer's Statement on Reverse Side) **JAC**

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.....

Licensed Embalmer No.....

P. O. Address.....

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