

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>		c. LENGTH OF STAY (in this place) <b>14 da</b>	c. CITY OR TOWN <b>Desloge</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McGuire Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>300 Monroe</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Neoma</b> b. (Middle) <b>May</b> c. (Last) <b>Hancock</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 29 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 15th. 1881</b>	9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 24 HRS. Hours <b>14</b>	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Central City, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR <del>WIFE</del> <b>George Hancock (Dec)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Noah Eaton</b>	ADDRESS <b>Desloge, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>
	ANTECEDENT CAUSES <b>arterio-sclerotic heart disease</b>		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>4200 H</b> DUE TO (c) <b>Carcinoma R breast</b>		
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) (Minute)	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 11-15, 1955, to 11-29, 1955; that I last saw the deceased alive on 11-28, 1955, and that death occurred at 10:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Noah Eaton M.D.</b> (Degree or title)	23b. ADDRESS <b>Desloge Mo</b>	23c. DATE SIGNED <b>11-2-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 2nd. 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oddfellow's</b>	24d. LOCATION (City, town, or county) (State) <b>St. Francois, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 2, 1955</b>	REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.Z. Boyer &amp; Son,</b>	ADDRESS <b>Desloge, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *B. T. Bayen*.....

Licensed Embalmer No. *36*.....

P. O. Address *Deslog*.....

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.