

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39487

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>666</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>Warrenton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>				e. STREET ADDRESS (If rural, give location) <u>1090</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Hancock</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>24,</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 6, 1876</u>		9. AGE (In years last birthday) <u>79</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William W. Hancock</u>		13b. MOTHER'S MAIDEN NAME <u>Mahala Cope</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Aston Hancock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-32-6038</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John W. Hancock, Warrenton, Mo.</u>			
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) <u>Coronary occlusion into</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Chronic Pulmonary ed.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Sublyed Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>5 hr</u> <u>3 hrs</u> <u>wh</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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)		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 <u>11-9</u> 19 <u>48</u> , to <u>11-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-24</u> , 19 <u>51</u> , and that death occurred at <u>10</u> P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Flayd Logan</u>				23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>11-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pin Oak Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warren County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-2-55</u>		REGISTRAR'S SIGNATURE <u>Flayd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg &amp; Co., Warrenton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10. 48

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 *John Heiberg*.....  
Licensed Embalmer No. *38*

P. O. Address *Warrenton*

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.