

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40608

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5472

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Sedalia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kaw township mercy Hosp.</u>		STREET ADDRESS (If rural, give location) <u>Route 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DONNA</u> b. (Middle) <u>KAY</u> c. (Last) <u>HANNA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED) <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) *****	8. DATE OF BIRTH <u>1954</u> <u>June 30, 1955</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Hanna</u>		13b. MOTHER'S MAIDEN NAME <u>Audra Grosevenor Hanna</u>	
14. NAME OF HUSBAND OR WIFE *****		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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. Hanna, Route 4, Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u> 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. <u>752*</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>6/30</u> , 19 <u>55</u> , to <u>12/15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/15</u> , 19 <u>55</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Maunders</u>		23b. ADDRESS <u>Sedalia Mo.</u>	
23c. DATE SIGNED <u>12/16/55</u>			
24a. BURIAL (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>12/18/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Morgan County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-16-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kuane Ewing</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Maunders

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.....
Shane Ewin

Licensed Embalmer No. *38*

P. O. Address.....
Seattle

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.