

Ronald

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

132

FILED JAN 17 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY OR TOWN Butler	c. LENGTH OF STAY (in weeks) 7 weeks	c. CITY OR TOWN Butler	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 Butler Memorial Hospital		e. STREET ADDRESS 109 S Delaware, Butler Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Henry c. (Last) Hannah			4. DATE OF DEATH (Month) (Day) (Year) Jan 15/1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 11 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer retired	11. BIRTHPLACE (City and State or Foreign Country) St Clair Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Hannah	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Elizabeth Hannah-Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME George Hannah ADDRESS Butler Missouri

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		1 wk.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Calcium prostate DUE TO (c) with metastases		3 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None 177x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., on or about home, farm, factory, street, public bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	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 **July 6, 1951** to **1/15, 1956**, that I last saw the deceased alive on **1/13, 1956**, and that death occurred at **6:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronald Howard M.D.	23b. ADDRESS Butler: Missouri	23c. DATE SIGNED 1-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/15/56	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill
24d. LOCATION (City, town, or county) (State) Adrian Missouri		

DATE REC'D BY LOCAL REG. Jan. 14-56	REGISTRAR'S SIGNATURE Ronald Howard	25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood ADDRESS Butler Mo.
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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 *John A Underwood*
Licensed Embalmer No. *358.*
P. O. Address *Butler, Pa.*

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.