

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5894

State File No. \_\_\_\_\_

FILED MAR 7 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5969 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Johnson Twp.</b>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 mo.</b>		e. STREET ADDRESS (If rural, give location) <b>R # 1 Dunnegan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R # 1 Dunnegan</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alma</b>	b. (Middle) <b>Bernice</b>	c. (Last) <b>Hanna</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-24-56</b>
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5. SEX <b>fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-14-03</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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 <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Walnut Ridge Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>George Baker</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown Rice</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Russell Hanna</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>-</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry Russell Hanna R 1 Dunnegan, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Leukemia, acute Type</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</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) <b>2044</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 23, 1956**, to **Feb 24, 1956**, that I last saw the deceased alive on **Feb 23, 1956**, and that death occurred at **3:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. H. Robinson M.D.</b>	23b. ADDRESS <b>Humansville, Mo</b>	23c. DATE SIGNED <b>2/25/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-28-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Humansville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Humansville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb 28, 1956</b>	REGISTRAR'S SIGNATURE <b>Ralph Gordon per Russell Gordon</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beckwith Funeral Home Humansville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1956

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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 *O. H. Beckwith*.....

Licensed Embalmer No. *3937*.....

P. O. Address *Humansville*.....

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.