

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31509

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

FILED OCT 1 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. CITY OR TOWN <u>RURAL</u>	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) <u>27 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>NEOSHO RT 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>STANLEY</u> c. (Last) <u>HANGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 25, 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 19, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ephraim P. HANGER</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Lampson</u>	14. NAME OF HUSBAND OR WIFE <u>SARAH</u>
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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 <u>SARAH HANGER, Neosho, Mo.</u>	ADDRESS _____
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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) <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

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)	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 August 24, 1956, to Sept. 25, 1956, that I last saw the deceased alive on Sept. 25, 1956, and that death occurred at 5:45 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>Melvin C. Bowman</u> (Degree or title)	23b. ADDRESS <u>Neosho Mo.</u>	23c. DATE SIGNED <u>Sept 27, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept. 28, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>MILLER, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-27-56</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lowell Thompson Jr. Neosho, Mo.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

223  
0

**RECEIVED**

District Health Officer No. Newton  
District File Number 956-160  
Date Filed SEP 29 1956

VS OCT 14 1959

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 Carly Thompson  
Licensed Embalmer No. 486  
P. O. Address Wash., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.