FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35584 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9526

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ripley
c. CITY OR TOWN: Doniphan Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Route 7 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Joseph Middle: Jabez Last: Hancock

4. DATE OF DEATH Month Day Year: Oct. 17, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 14, 1911
9. AGE (In years last birthday): 45 IF UNDER 1 YEAR OR UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver
10b. KIND OF BUSINESS OR INDUSTRY: Bus Co.
11. BIRTHPLACE (City and state or country): Briar, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jabez Hancock
14. MOTHER'S MAIDEN NAME: Pocahontas Fogle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT Address: Fay Hancock, Doniphan, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Severe Hypertension — Sev. Yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Generalized Arteriosclerosis Many yrs. 331X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Oct.ber 6, 1956 Oct. 17, 1956 and last saw her/him alive on Oct. 17, 1956
Death occurred at 1:22 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) C. A. Vermillion, M.D. M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 10/18/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-18-56
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Doniphan, Mo.
24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: OCT 18 1956
26. REGISTRAR'S SIGNATURE: Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.