

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **827**

FILED JAN. 28 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **103** PRIMARY REG. DIST. NO. **5417** Registrar's No. **2**

0350

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

1. PLACE OF DEATH a. COUNTY <b>Hannegan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Hannegan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hammersville</b>		c. CITY OR TOWN <b>Hammersville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>49 years</b>		e. STREET ADDRESS (If rural, give location) <b>RT #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hannegan</b>			

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3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>HANNERS.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 7 - 1957</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>2/9/1896</b>		9. AGE (In years last birthday) <b>60</b>		10. UNDER 1 YEAR Days <b>10</b> 1 YEAR Hours <b>39</b> 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Scopus Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John W. Hanners</b>		13b. MOTHER'S MAIDEN NAME <b>Luella Cook</b>		14. NAME OF HUSBAND OR WIFE <b>Mary E. Hanners</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Lou Chipman, Monette, Mo</b>	
				ADDRESS <b>Monette, Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
		ANTECEDENT CAUSES Morbidity 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 <b>2</b> 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) <b>4201</b>	
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?	

22. I hereby certify that I attended the deceased from **Oct 13**, 19\_\_\_, to **Jan 7**, 19**57**, that I last saw the deceased alive on **Jan 6**, 19**57**, and that death occurred at **9:30** p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Shelby White, M.D.</b> (Degree or title)		23b. ADDRESS <b>Senath, Mo</b>		23c. DATE SIGNED <b>1-12-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2/10/1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hannegan</b>	
		24d. LOCATION (City, town, or county) (State) <b>Hammersville Mo</b>			

DATE REC'D BY LOCAL REG. <b>1/14/57</b>		REGISTRAR'S SIGNATURE <b>Suei Palenske</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Emerson T. Sons</b> ADDRESS <b>Jambsart, Mo</b>	
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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 1-19-57  
COUNTY FILE NUMBER 157-

**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... *M. T. Embalmer* .....

Licensed Embalmer No. *952*

P. O. Address *of Embalmer*

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.