

ROMALD
FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004419
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5089 Registrar's No. 38

300
1-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Gap Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY (If outside, give location) OR TOWN Butler Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #6 BUTLER		Length of stay in lb 4 weeks	d. STREET ADDRESS (If outside, give location) 406 Clark Street
3. NAME OF DECEASED (Type or print) First LuVena Middle Hancock Last			4. DATE OF DEATH Month Feb. Day 24 Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 19 1883
9. AGE (In years) 1 year birthday 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	11. BIRTHPLACE (City and state or country) Otway Ohio
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John L Cox		13b. MOTHER'S MAIDEN NAME Mary Jane Lane	14. NAME OF HUSBAND OR WIFE Thomas J Hancock
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Edgar Hancock-Butler Missouri
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 hemorrhage DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year None			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	20f. CITY, TOWN, OR LOCATION Butler Missouri	COUNTY Bates STATE Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on 2/23/58 Death occurred at 7:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Douglas Donald (Degree or title)		22b. ADDRESS Butler Missouri	22c. DATE SIGNED 2/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/26/58	23c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery	23d. LOCATION (City, town, or county) (State) Butler Bates Co Mo.
24. FUNERAL DIRECTOR Culver Underwood-Butler Mo.		25. DATE RECD. BY LOCAL REG. Feb. 26-58	26. REGISTRAR'S SIGNATURE Rendell Kury

All diseases in Part I must be causally related.

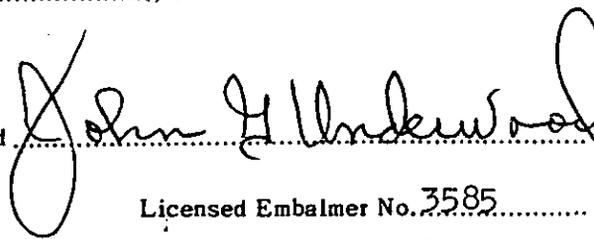
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.