

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010622

STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 182

Primary Registration District No. 4296

Registrar's No. 18

300

-57

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Browning			c. CITY OR TOWN Browning		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print) First Alta Middle May Last Hanley			4. DATE OF DEATH Month 3 Day 24 Year 58		
5. SEX fe	6. COLOR OR RACE w	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Aug. 7, 1879		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S. A
13a. FATHER'S NAME James A. Hanley		13b. MOTHER'S MAIDEN NAME Florence Johnson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mary Taylor Address Browning, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH Immediate 2 yrs.
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 0			
20c. TIME OF INJURY Hour 7:45 Month 3 Day 24 Year 58		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jenkins		20f. CITY, TOWN, OR LOCATION Browning, Rural Mo.			
21. I attended the deceased from 3-17-58 to 3-24-58 and last saw her alive on 3-24-58 Death occurred at 7:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W H Payne		22b. ADDRESS Browning, Mo. Box 125		22c. DATE SIGNED 3-25-58	
23a. BURIAL, CREMATION, REINTERMENT Buried		23b. DATE 3-26-58		23c. NAME OF CEMETERY OR CREMATORY Jenkins	
23d. LOCATION (City, town, or county) Browning, Rural Mo.		23e. DATE RECD. BY LOCAL REG. March 29, 1958			
23f. REGISTRAR'S SIGNATURE Wade Funeral Home		23g. REGISTRAR'S SIGNATURE Wade Funeral Home			

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 16 1958

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 *Gerald I. Wade*

Licensed Embalmer No. *4172*

P. O. Address *Brown*

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.