

FILED MAR 26 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012904

STATE FILE NUMBER

Registration District No. 347

Primary Registration District No. 6167

Registrar's No. 24

300
1-57
040
1

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone <u>1040</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Union Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Billings, Rt. #1
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 52 Years	d. STREET ADDRESS (If outside, give location) 4 1/2 miles South of Clever
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES LEONARD HANAFIN			4. DATE OF DEATH Month Day Year Feb. 23, 1958
5. SEX Male	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 July 23, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 52
11. BIRTHPLACE (City and state or country) Stone Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dave Hanafin		13b. MOTHER'S MAIDEN NAME Tishie Fugitt	14. NAME OF HUSBAND OR WIFE Joyce Gold Harris
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. 497245506	17. INFORMANT Address Mrs. Joyce Hanafin, Rt. 1, Billings, 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) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Thrombosis DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Atelectasis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. Month, Day, Year p.m.		2	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 5-3-56 , to 2-28-58 and last saw ^{her} him alive on 2-19-58 Death occurred at 3:10 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Glenn R. Ellis		22b. ADDRESS Crane Missouri	22c. DATE SIGNED 3-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/26/1958	23c. NAME OF CEMETERY OR CREMATORY Flood Cemetery	23d. LOCATION (City, town, or county) (State) Highlandville, Mo.
24. FUNERAL DIRECTOR John Harris		ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. March 7-58
26. REGISTRAR'S SIGNATURE ms. J. Elmer Prosser <i>per Lena Murray</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Sean Harris*

Licensed Embalmer No. *4390*
P. O. Address *Cleveland, Mo.*

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.