

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020621

STATE FILE NUMBER

FILED MAY 23 1958

Registration District No. 333

Primary Registration District No. 4488

Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <i>Scott</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Scott</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Vanduser</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Sikeston</i>		1003 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>405 Dover</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Harrell</i> Middle <i>Frank</i> Last <i>Hanks</i>				4. DATE OF DEATH Month <i>5</i> Day <i>11</i> Year <i>1958</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>June 21, 1936</i>		9. AGE (In years last birthday) <i>21</i> IF UNDER 1 YEAR: Months <i>10</i> Days <i>20</i> IF UNDER 24 HRS.: Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>			100. KIND OF BUSINESS OR INDUSTRY <i>Freight</i>		11. BIRTHPLACE (City and state or country) <i>Dyers, Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Cornelius Hanks</i>				14. MOTHER'S MAIDEN NAME <i>Effie Mae Beatty</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes Korean War 488-34-575</i>			16. SOCIAL SECURITY NO. <i>488-34-575</i>		17. INFORMANT <i>Clarence Morrison</i>			Address <i>Sikeston, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Massive Basal &amp; Occipital Skull Fracture</i>							INTERVAL BETWEEN ONSET AND DEATH <i>0</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							8224		
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 checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Car ran into bridge railing</i>						
20c. TIME OF INJURY Hour <i>2</i> a. m. <i>PM</i> Month <i>5</i> Day <i>11</i> Year <i>58</i>									
20d. INJURY OCCURRED WHILE AT WORK <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.) <i>Farm to Market Road 2</i>		20f. CITY, TOWN, OR LOCATION <i>2 mi. west of H.W. 61</i>		COUNTY <i>Scott</i>		STATE <i>Mo</i>	
21. I attended the deceased from <i>First</i> call after death and last saw her alive on _____ Death occurred at <i>2 a.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Helena C. Buchholz, M.D. Health Officer</i>					22b. ADDRESS <i>Benton, Mo</i>		22c. DATE SIGNED <i>5-12-58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5/14/1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Matthews Cemetery, Matthews, Mo.</i>		23d. LOCATION (City, town, or county) (State) <i>Matthews, Mo.</i>			
24. FUNERAL DIRECTOR <i>Albritton Funeral Home</i>				ADDRESS <i>Sikeston, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-13-58</i>		26. REGISTRAR'S SIGNATURE <i>Wm. Elliot Hunter</i>	

(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 causally related. Coroner cannot certify to a death due to natural causes.

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Health,  
Welfare  
Public  
Service

DATE RECEIVED MAY 19 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 120

MAY 26 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 *Paul J. Smith*

Licensed Embalmer No. 501

P. O. Address Ora, 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.