

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021207

State File No.

FILED JUL 8 1958

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Peculiar Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Twin Falls</u> 8110	
c. LENGTH OF STAY (in this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>1537 Elizabeth Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles N W Harrisonville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>	b. (Middle) <u>FAY</u>	c. (Last) <u>HANN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23, 1892</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Frank T. Hann</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Sears</u>	14. NAME OF HUSBAND OR WIFE <u>Leona Hann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leona Hann</u>	ADDRESS <u>1537 Elizabeth Twin Falls Idaho</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>within</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-2-, 1958, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>David S. Jones</u>	(Degree or title)	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>7-2-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/3/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buhl Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buhl, Idaho</u>
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DATE REC'D BY LOCAL REG. <u>July 4, 1958</u>	REGISTRAR'S SIGNATURE <u>Rora Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Saly Harrisonville, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

570

JUL 18 1958

RECEIVED
JUL 7 1958
CASS COUNTY
HEALTH DEPARTMENT

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Robert Arkin

Signed.....
Student Embalmer

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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 this body is not embalmed, fact should be so stated above.