

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022164
STATE FILE NUMBER

DECEASED JUL 8 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 280

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson, Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 10905 East 19 th St.		Length of stay in lb 14 Yrs.	d. STREET ADDRESS 10905 East 19 th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SUSAN - KATHRYN HANLEY			4. DATE OF DEATH Month Day Year July 1, 1958		
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Selfe Employed	11. BIRTHPLACE (City and state or country) Houstonia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William McDaniel		13b. MOTHER'S MAIDEN NAME Virginia Witcher		14. NAME OF HUSBAND OR WIFE Robert Lee Hanley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Miss Virginia Hanley, Independence, 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) <i>Atherosclerotic Cardiovascular Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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 <i>Years</i> 4221
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 <i>Nov. 1956</i> to <i>July 1, 1958</i> and last saw her alive on <i>June 30, 1958</i> Death occurred at <i>10 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Shad Graboke, M.D.</i>			22b. ADDRESS <i>10901 Khmer Rd., Independence, Mo.</i>		22c. DATE SIGNED <i>7/1/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-3-58	23c. NAME OF CEMETERY OR CREMATORY Bethlemaan Cemetery	23d. LOCATION (City, town, or country) (State) Marshall Junction, Missouri		
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Son's, Indep. Mo.		25. DATE RECD. BY LOCAL REG. 7-2-58	26. REGISTRAR'S SIGNATURE <i>Roger Leary</i>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

540

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 *R. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indy, Ind.*

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.