

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028353
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 42 Primary Registration District No. Registrar's No. 906

5. 300
1-57

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All diseases in Part 1 must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Browning Lake		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 804 N. 5th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LARRY RAY HANCERROSS			4. DATE OF DEATH Month Day Year August 20, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 9, 1940		9. AGE (In years last birthday) 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Elwood, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Raymond C. Hancerross		13b. MOTHER'S MAIDEN NAME Rose E. Dykes		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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Raymond C. Hancerross, 804 N. 5th, St. Joseph, 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) Suffocation				INTERVAL BETWEEN ONSET AND DEATH 100 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.		DUE TO (b) Accidental drowning		10 minutes	
		DUE TO (c) Unable to swim			
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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Boat slipped away. Companions unable to get			
20c. TIME OF INJURY 4:15 p.m. Aug 20 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Browning Lake			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Joseph		COUNTY Buchanan	STATE MO
21. I attended the deceased from Drewed body Aug 20 58 and last saw her alive on Aug 20 58 Death occurred at 4:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. Melaney M.D. Coronor			22b. ADDRESS 214 Karkatch Bldg Saint Joseph, Mo		22c. DATE SIGNED Aug 20 58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/23/1958	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) (State) Highland Kansas
24. FUNERAL DIRECTOR Heaton - Bauman - St. Joseph, Mo			25. DATE RECD. BY LOCAL REG. Aug 21, 1958		26. REGISTRAR'S SIGNATURE Mr. Clark Hodell

permit

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 *John W. Henrich*
Licensed Embalmer No. *4848*
P. O. Address *H. B. 120*

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.