

Health, Welfare Public Service

FILED NOV 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040316

STATE FILE NUMBER

9

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 485

300 0
1-57

1. PLACE OF DEATH a. COUNTY Jackson			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 Independence Hosp.		Length of stay in lb 40 yrs	d. STREET ADDRESS (If outside, give location) 11906 E. 43rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle D. Last HANNA			4. DATE OF DEATH Month Nov. Day 19 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan 22, 1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 2 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Office		10b. KIND OF BUSINESS OR INDUSTRY K. C. Police Dept.	11. BIRTHPLACE (City and state or country) Belgrave Ontario Canada		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George Hanna		13b. MOTHER'S MAIDEN NAME Lydia Van Norman		14. NAME OF HUSBAND OR WIFE Dora Hanna None	
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. 500-40-4455		17. INFORMANT Mrs. Paul T. Puthoff, 11906 E. 43rd st.	
18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock					INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intestinal fistula					INTERVAL BETWEEN ONSET AND DEATH 4 weeks
DUE TO (c) _____					
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"/> 2
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.			ITEM 14 CORRECTED BY AFFIDAVIT OF Informant, Sister 12-15-58 del		
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 9/24/58 to 11/19/58 and last saw him alive on 11/19/58 Death occurred at 8:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD			22b. ADDRESS 60901 Winner Rd Indph. Mo		22c. DATE SIGNED 11/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-22-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home Woodland-Linwood			25. DATE RECD. BY LOCAL REG. 11-22-58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 25 1958

Dr. John N. Tinsley
10901 University
LL 49292

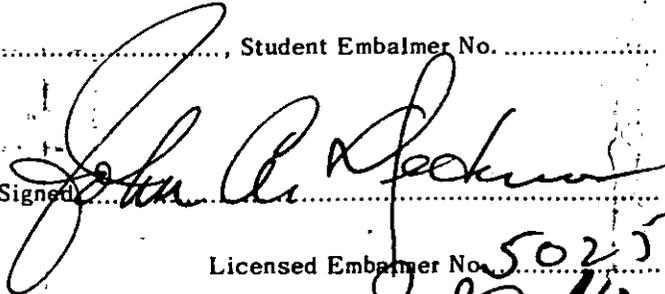
2 - 5 PM Thurs

DEC 1 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 
Licensed Embalmer No. 5025

P. O. Address  No.

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.