

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006706

STATE FILE NUMBER 44

REGISTRATION DISTRICT No. 294 Primary REGISTRATION DISTRICT No. 3056 REGISTRAR'S No. 44

FILED MAR 5 1959

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moebely Inside Limits Yes No
c. FULL NAME OF HOSPITAL OR INSTITUTION Community Hosp Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Glasgow 0450 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
William HANNACE
4. DATE OF DEATH Month Day Year
Feb. 4, 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Oct. 17, 1884 9. AGE (In years, months, days) (If under 1 year, give birth day) 74 FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor 11. KIND OF BUSINESS OR INDUSTRY Plant 12. BIRTH PLACE (City and state or country) Waver Co. Mo. 13. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Ernest Hannace 13b. FATHER'S MAIDEN NAME Frances Birmingham 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 498-23-8331 17. INFORMANT Adolph Birmingham Address Glasgow 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) Acute Circulatory Failure few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Thrombosis
DUE TO (c) Extensive Body Burns
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9160-16

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
House burned, Patient tried to save furniture. 045

20c. TIME OF INJURY Hour Month, Day, Year
3:00 p.m. 2-2-59

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 20f. CITY, TOWN, OR LOCATION COUNTY STATE
GLASGOW HOWARD MO.

21. I attended the deceased from 1952 to 1959 and last saw her alive on Feb 4
Death occurred at Feb 4 - 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Horns Sr 22b. ADDRESS Glasgow, Mo 22c. DATE SIGNED 2-5-59

23a. BURIAL, CREMATION, OR REMOVAL (Specify) DATE Burial Feb 6, 1959 23b. NAME OF CEMETERY OR CREMATORY Washington 23c. LOCATION (City, town, or county) (State) Glasgow Mo.

24. FUNERAL DIRECTOR ADDRESS Cludley-Triumph Glasgow Mo 25. DATE RECD. BY LOCAL REG. 2-6-59 26. REGISTRAR'S SIGNATURE Leah Bloune

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no cause related.

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

E. H. Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow, Pa.

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.