

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017741
STATE FILE NUMBER
2457

FILED JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2457

300

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 Cass | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Belton | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors' Hoppital | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) Route 1 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Randy Jay Hankins | | | 4. DATE OF DEATH Month May Day 16 Year 1959 | | |
| 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 5/15/59 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 5 Days 30 IF UNDER 24 HRS.: Hours 5 Min. 30 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Oran F. Hankins | | 13b. MOTHER'S MAIDEN NAME Alice Marie David | | 14. NAME OF HUSBAND OR WIFE 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. None | 17. INFORMANT Oran F. Hankins Address Belton, 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) Anoxemia | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital cardiac anomalie of patient DUE TO (c) FORAMEN Ovale | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7543 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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 3:55 A Month May Day 15 Year 1959 a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 May 15 1959 Death occurred at 3:55 A | | | I last saw him alive on MAY 15 1959 on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE H. F. Stolorowski DO (Degree or title) | | 22b. ADDRESS 2501 Hullman City Mo | | 22c. DATE SIGNED 5/15/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| Burial | 5/18/1959 | Belton Cemetery | | Belton, Missouri | |
| 24. FUNERAL DIRECTOR George Bros., Belton, Mo. | | 25. DATE RECD. BY LOCAL REG. 5-18-59 | | 26. REGISTRAR'S SIGNATURE Neva Marshall | |

(Licensed Embelmer's Statement on Reverse Side)

All diagnoses in Part 1 must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

H. F. Stolorowski

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 *Richard E. George*

Licensed Embalmer No. *3958*

P. O. Address *Baltimore, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.