

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020818

STATE FILE NUMBER

JUL 1 1959		Registration District No. 096		Primary Registration District No.		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dallas			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Buffalo		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buffalo, Mo.		Length of stay in lb		030 d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First James Middle William Last Hanley				4. DATE OF DEATH Month June Day 12 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH July 3, 1866		9. AGE (In years last birthday) 92		
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pittsburg, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Michael Hanley		13b. MOTHER'S MAIDEN NAME Ellen Reed		14. NAME OF HUSBAND OR WIFE Annie Hanley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no ; or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT Jane Voris		Address Buffalo, 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) Broncho-pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fractured Hip & Adrenal Gland DUE TO (c) Arteriosclerosis grade IV PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured Hip - Senility						INTERVAL BETWEEN ONSET AND DEATH 12 days	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m.		20d. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐					
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 5-15-59 to 6-12-59 and last saw him alive on 6-12-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. O. Hammon M.D.		(Degree or title)		22b. ADDRESS Buffalo Mo.		22c. DATE SIGNED 6-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 15/1959		23c. NAME OF CEMETERY OR CREMATORY Prairie Grove Cemetery		23d. LOCATION (City, town, or county) (State) Dallas County Mo.	
24. FUNERAL DIRECTOR Montgomery Funeral Home Buffalo, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 6/29/59		26. REGISTRAR'S SIGNATURE Mrs. Vera Peters	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 16 1956

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 *Lelyde Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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.