

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031867

FILED VS OCT 13 1959

Registration District No. 096 Primary Registration District No. \_\_\_\_\_ Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>CHARLEY</u> Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u>		Length of stay in 1b <u>10 wks.</u>		c. CITY OR TOWN <u>Buffalo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E. Madison St.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>E. Madison St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charley E. Hanna</u>				4. DATE OF DEATH Month Day Year <u>October 9, 1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 25, 1874</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	IF UNDER 24 HR Hours <u>14</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Holden, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>		
13a. FATHER'S NAME <u>Isaac Hanna</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Rhoda Hanna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Rhoda Hanna Buffalo, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chr. Uremia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chr. Nephritis</u>							<u>5 years</u>	
DUE TO (c) <u>Arterio Sclerosis</u>							<u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.		Month, Day, Year						
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 <u>1949</u> to <u>1959</u> and last saw him alive on <u>10-7-59</u>				Death occurred at <u>2:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Clara O. Garrison M.D.</u> (Degree or title)			22b. ADDRESS <u>Buffalo Mo.</u>			22c. DATE SIGNED <u>10-9-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 11, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Ridge Cemetery</u>		23d. LOCATION (City, town, or county) <u>Dallas County Missouri</u>		(State)		
24. FUNERAL DIRECTOR ADDRESS <u>Montgomery Funeral Home Buffalo, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>10/11/59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clyde Montgomery*

Licensed Embalmer No. 3572

P. O. Address Buffalo Missouri

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.