URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 5 1960

'59 043272

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4025 Registrar's No. 104

ENDED

1. PLACE OF DEATH
a. COUNTY: BARRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wheaton — Length of stay in 1b: 30 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Her Home — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Thee Middle Ora Last Hance.
4. DATE OF DEATH: Month Dec Day 23 Year 59
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 29. 89
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Hance
13b. MOTHER'S MAIDEN NAME: Sarah Darnell
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-24-7951
17. INFORMANT: Leora Flora — Address: Purdy Mo R1.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Massive
DUE TO (c): Arterioscleroti Heart Disease

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. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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 12-29-58, to 12-23-59 and last saw her/him alive on 12-23-59
Death occurred at 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles H Price MD
22b. ADDRESS: Carrollton, Mo.
22c. DATE SIGNED: 12-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 26-1959
23c. NAME OF CEMETERY OR CREMATORY: Rocky Comfort
23d. LOCATION (City, town, or county): Rocky Comfort (State): Mo
24. FUNERAL DIRECTOR — ADDRESS: McQueen Funeral Home, Wheaton Mo
25. DATE RECD. BY LOCAL REG.: 12-29-1959
26. REGISTRAR'S SIGNATURE: Grace Williams

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul D Heubert

Signature of Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Cassville, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.