

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 46 3 8 4

FILED IN DEC 21 1959 317

Primary Registration District No. 500

Registrar's No. 3357

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis.</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> COUNTY <b>Dent</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ellisville, Mo.</b>		Length of stay in 1b <b>5 mo.</b>		c. CITY OR TOWN <b>Salem</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt.1, Box 318</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>William</b> Middle <b>S.</b> Last <b>Hancock</b>				<b>4. DATE OF DEATH</b> Month <b>December</b> Day <b>13,</b> Year <b>1959</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>2/1/1894</b>	<b>9. AGE (last birthday)</b> <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Big Creek, Missouri.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Hiram Hancock</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Stringer</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Rena Hancock</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service) <b>Nil.</b>		<b>16. SOCIAL SECURITY NO.</b> <b>187-11-0137</b>		<b>17. INFORMANT</b> <b>Melba Cunningham, Ellisville, Missouri.</b> Address				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF THE RIGHT LUNG</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 mos.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____	
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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ s.m. _____ p.m. _____		Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY _____ STATE _____		
<b>21. I attended the deceased from</b> <b>July 1st '59</b> to <b>Dec '59</b> and last saw <sup>her</sup> him alive on <b>Nov. 13, 1959</b> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (Degree or title) <i>John W. McPherson M.D.</i>				<b>22b. ADDRESS</b> <i>1325 So Bond</i>			<b>22c. DATE SIGNED</b> <i>12/14/59</i>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>23b. DATE</b> <b>12-14-59</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>North Lawn Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Salem, Missouri.</b>			
<b>24. FUNERAL DIRECTOR</b> <b>Albert H. Hoppe Inc., 4700 Washington, Blvd.</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>12-15-59</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>John B. Murphy M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

