

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 15 1960

-60-002923

ED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Salisbury Twshp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 mi. West of Salisbury</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Frank</u> Last <u>Hanke</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>4,</u> Year <u>1960</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/4/81</u>	9. AGE (last birthday) <u>78 yrs.</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
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>grain and stock</u>		11. BIRTHPLACE (City and state or country) <u>Fort Worth, Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Hanke</u>			13b. MOTHER'S MAIDEN NAME <u>Hermena Sager</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Emmerick Hanke</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>490-42-8703</u>		17. INFORMANT Address <u>Mrs. Bernard Olendorff, Glasgow, Mo.</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>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH <u>2970</u> <u>2970</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 Month, Day, Year s.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Jan 1 1959</u> to <u>Jan 3 - 60</u> and last saw ^{her} him alive on <u>Jan 3 - 1960</u> Death occurred at <u>5:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>DW Hawkins MD</u> (Degree or title)				22b. ADDRESS <u>Salisbury Mo</u>		22c. DATE SIGNED <u>1/4/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1/7/60</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>St. Joseph's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Chariton Co. Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Chas. B. Winkelmeyer, Salisbury, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1/4/60</u>		26. REGISTRAR'S SIGNATURE <u>Seal of State</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 2 1960

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 _____
Signature of Student Embalmer

Signed Chas B Winhelme

Licensed Embalmer No. 3842

P. O. Address Salisbury,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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, facts should be so stated above.