

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012214

FILED VS MAR 31 1960

301

Primary Registration District No.

Registrar's No.

25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shirley.</u>		Length of stay in 1b <u>8 yrs.</u>		c. CITY OR TOWN <u>Doniphan, Route 7.</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>10 mi. W. of Doniphan, Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>10 Mi. W. of Doniphan, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Theo</u> Middle <u>James</u> Last <u>Hancock.</u>				4. DATE OF DEATH Month <u>March</u> Day <u>4,</u> Year <u>1960.</u>				
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</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>April 18, 1890.</u>	9. AGE (last birthday) <u>69.</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 24 HR Hours <u>---</u> Min. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and Mechanic.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		11. BIRTHPLACE (City and state or country) <u>Alliance, Nebraska.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles B. Hancock.</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Barrett.</u>			14. NAME OF HUSBAND OR WIFE <u>Fae Hancock.</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>519-03-2047.</u>		17. INFORMANT Address <u>Mrs. Fae Hancock, Doniphan, 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>Carcinoma primary chest.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>18 months.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized metastasis.</u>							<u>12 months.</u>	
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		
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 <u>---</u> Month, Day, Year <u>---</u>								
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>October 1959</u> to <u>March 4, 1960</u> and last saw her <u>alive</u> on <u>January 15, 1960</u> Death occurred at <u>5:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Frank C. Johnson M.D.</u>				22b. ADDRESS <u>Doniphan, Mo.</u>			22c. DATE SIGNED <u>3/14/60.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>March 5, 1960.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Doniphan Missouri.</u>				
24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Missouri.</u>				25. DATE RECD. BY LOCAL REG. <u>3-24-60</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz.</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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.