URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 19 1960

60-015750
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: INDEPENDENCE — Length of stay in 1b: 50 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1200 West 30th St. — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 1200 West 30th St. — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: BEULAH Middle: LEONA Last: HANCOCK
4. DATE OF DEATH: Month: April Day: 13 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 3-2-1879
9. AGE (last birthday): 81
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Harrisonville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Dr. G. S. Akin
13b. MOTHER'S MAIDEN NAME: Rachel Olive Howard
14. NAME OF HUSBAND OR WIFE: James Homer Hancock-dec'd.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT: James H. Hancock, Binghamton, New York — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Atherosclerosis — Years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Atherosclerotic C-V
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 Apr. 3, 1960 to 4-13-60 and last saw her ~~him~~ alive on 4/12/60
Death occurred at 4:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Grant Grabske (Degree or title): Drs. Grabske & Link
22b. ADDRESS: 10901 Winner, Indep., Mo.
22c. DATE SIGNED: 4-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-16-60
23c. NAME OF CEMETERY OR CREMATORY: Orient Cemetery
23d. LOCATION (City, town, or county) (State): Harrisonville, Missouri
24. FUNERAL DIRECTOR: Geo. C. Carson & Sons, Independence, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-16-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

APR 21

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dean W. Huff

Signature of Student Embalmer

Licensed Embalmer No. 4914

P. O. Address Indep., Mo.

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.