

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAY 25 1960

=60-021005

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5151** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.			Length of stay in lb		c. CITY OR TOWN Steelville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Rita Middle Louise Last Hanks			4. DATE OF DEATH Month May Day 14 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/13/1959	9. AGE (last birthday) 1	IF UNDER 1 YEAR Months 1 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Steelville, Mo.	
10c. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Hanks		13b. MOTHER'S MAIDEN NAME Ruth Conley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT William Hanks, Steelville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 902021					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the primary disease condition given in PART I (a) Suffered death due to fall from truck (toy) in home at Steelville					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) in home at Steelville			
20c. TIME OF INJURY Hour 5:16 Month, Day, Year 5 13 60	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Steelville		20g. COUNTY STATE Mo		
21. I attended the deceased from 550 A to her and last saw him alive on her Death occurred at 550 A on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph M. Ziemer, M.D.			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 5-16-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-16-60	23c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery		23d. LOCATION (City, town, or county) (State) Steelville, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.			25. DATE RECD. BY LOCAL REG. MAY 16 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFRUIT OF

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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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis

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