URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-025641

FILED VS AUG 3 1960

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Laughlin — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Monroe
c. CITY OR TOWN: Lentner, Mo. Rural — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 7 Miles South — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Carrie Middle: Elizabeth Last: Hanger

4. DATE OF DEATH: Month 7 Day 19 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 10-24-1896
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months 8 Days 25 — 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: Same
11. BIRTHPLACE (City and state or country): Monroe County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Stewart
13b. MOTHER'S MAIDEN NAME: Rosalee Chapman
14. NAME OF HUSBAND OR WIFE: Charles Hanger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: X
17. INFORMANT: Mrs. Lillian Freeman Address: Clarence, Mo

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): Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Debilitation and Inanition — months
DUE TO (c): Long-standing chronic lung abscess with collapse of the left lung for many years. — Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic constrictive pericarditis Hepatitis

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 July 16, 1960, to July 19, 1960 and last saw the deceased alive on July 19, 1960
Death occurred at 8:31 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) — 22b. ADDRESS: [illegible] Mo. — 22c. DATE SIGNED: 7-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-22-1960
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
23d. LOCATION (City, town, or county) (State): Shelbina, Mo.

24. FUNERAL DIRECTOR ADDRESS: Barkelew & Davis Shelbina, Mo.
25. DATE RECD. BY LOCAL REG.: 7-25-1960
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

ENDED

AUG 4 1960

AUG 5 1960

JACK A. AUXTER, D.O.

AUG 15 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbina,

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.