

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027521

FILED VS JUL 19 1960

178

Primary Registration District No.

Registrar's No.

68

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DICKERSON TWSP.		Length of stay in 1b 1 yr.		c. CITY OR TOWN DURHAM		Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PRARIE VIEW REST HOME			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) 2 mi. SW Durham		Reside on Farm Yes ☒ No ☐		
3. NAME OF DECEASED (Type or print) First WILLIAM Middle FRANK Last HANLEY				4. DATE OF DEATH Month JULY Day 8 , Year 1960					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 8/2/74			
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 85 Days 85		IF UNDER 24 HR Hours 85 Min. 85					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY GENERAL		11. BIRTHPLACE (City and state or country) WILLIAMSTOWN, MO.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE ROSETTA HANLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT ELVIN HANLEY			Address QUINCY, ILL.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident							INTERVAL BETWEEN ONSET AND DEATH 2 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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. ☐ 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 8 a.m. Month, Day, Year Aug '55									
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 Aug '55 to 8 July 60 and last saw him alive on 6 July 60 Death occurred at D.O.A. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE John W. White				(Degree or title) D.O.		22b. ADDRESS Lewis Town Mo		22c. DATE SIGNED 11 July 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/10/60		23c. NAME OF CEMETERY OR CREMATORY HESTER		23d. LOCATION (City, town, or county) HESTER, MISSOURI		(State)	
24. FUNERAL DIRECTOR Charles L. Croy, Jr.				ADDRESS LEWISTOWN, MO.		25. DATE RECD. BY LOCAL REG. 7-13-60		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd	

(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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MI

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.