

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-037916**

FILED VS **OCT 25 1960**

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 204

STATE FILE NUMBER

INDEXED

|   |   |   |  |  |  |  |   |
|---|---|---|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kennett</u>   |   | Length of stay in 1b<br><u>Years</u>  |  | c. CITY OR TOWN <u>Kennett</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>405 King Street</u>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><u>405 King St.</u>   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Josephine</u> Middle <u>M.</u> Last <u>Hannah</u>  |   |   |  | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>11</u> Year <u>1960</u>   |  |  |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>3-3-76</u>  | 9. AGE (last birthday)<br><u>84</u>  | IF UNDER 1 YEAR<br>Months  | IF UNDER 24 HR<br>Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>                    |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>James Middleton</u>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Harriett Cooperider</u>                              |  | 14. NAME OF HUSBAND OR WIFE<br><u>M. F. Hannah</u>                               |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |   |   | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT<br><u>Fort Worth, Texas</u><br><u>W. L. Hannah 1920 Evans Ave.</u> |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of Stomach</u>   |   |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 months</u>                                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour<br>a.m.<br>p.m.   |   | 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 _____ to _____ and last saw her/him alive on _____.<br>Death occurred at <u>9:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |  |  |   |
| 22a. SIGNATURE <u>Quinton Tarver</u> (Degree title)<br><u>Quinton Tarver, Coroner</u>   |   |   |  | 22b. ADDRESS<br><u>Kennett, Mo.</u>  |  |  | 22c. DATE SIGNED<br><u>10-22-60</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |   | 23b. DATE<br><u>10-16-60</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Piggott,</u>                                |  | 23d. LOCATION (City, town, or county) (State)<br><u>Piggott, Arkansas</u>        |  |   |
| 24. FUNERAL DIRECTOR<br><u>Irby Funeral Home</u><br>ADDRESS<br><u>Rector, Ark.</u>  |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-24-1960</u>                                    |  | 25. REGISTRAR'S SIGNATURE<br><u>Emmett Hubbard</u>                               |  |   |

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 *Dan McQuade*

Licensed Embalmer No. 776

P. O. Address *Pectas Co*

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.