URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1960

-60-040948
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 139

NDED

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett
Length of stay in 1b: 36 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lawrence
c. CITY OR TOWN Monett
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 113 Crest Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First THOMAS Middle L. Last HANLON
4. DATE OF DEATH Month Dec. Day 1, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/2/85
9. AGE (last birthday) 75
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) Retired Frisco Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Stafford, Kan.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Hanlon
13b. MOTHER'S MAIDEN NAME Berthenia Shook
14. NAME OF HUSBAND OR WIFE Mary Hanlon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 702-07-6645
17. INFORMANT Address Mrs. Mary Hanlon, Monett, 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) Mycosis Fungoides — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
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 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 5-20-58 to 12-1-60 and last saw her/him alive on 12-1-60
Death occurred at 10:03 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. E. Edwards (Degree or title) M.D.
22b. ADDRESS Monett, Mo.
22c. DATE SIGNED 12/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/3/60
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
23d. LOCATION (City, town, or county) (State) Monett, Mo.

24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo.
25. DATE RECD. BY LOCAL REG. 11-5-60
26. REGISTRAR'S SIGNATURE Mrs P. M. Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 8 1950

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 J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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