

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047134

FILED VS JAN 4 1961

294 Primary Registration District No. 3056 Registrar's No. 309

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b less than 24 hours	c. CITY OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1207 Calhoun		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle ELMER Last HANKINS			4. DATE OF DEATH Month December Day 24 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/4/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent - Retired		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Alonzo Hankins		13b. MOTHER'S MAIDEN NAME Luvica C. Glascock		14. NAME OF HUSBAND OR WIFE Maude - Wife	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I - ARMY		16. SOCIAL SECURITY NO.		17. INFORMANT Address Maude Hankins, 1207 Calhoun, Chillicothe, 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) Generalized carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH Months (?)
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. 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 December 23, 1960 to December 24, 1960 and last saw him alive on December 23, 1960 Death occurred at 4:35 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) L. K. McMurtry, M.D., Surgeon in Charge			22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri		22c. DATE SIGNED 12/27/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-26-1960	23c. NAME OF CEMETERY OR CREMATORY Oakland		23d. LOCATION (City, town, or county) (State) Moberly Missouri	
24. FUNERAL DIRECTOR Mahan Funeral Service		ADDRESS Moberly		25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE 12-26-60 <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1961

JAN 20 1961

JAN 31 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Greer

Licensed Embalmer No. 3815

P. O. Address Moberly

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.