MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000635
STATE FILE NUMBER

FILED VS FEB 8 1961

AMENDED

Registration District No. 71 Primary Registration District No. 2012 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Excelsior Springs — Length of stay in 1b: 16 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Excelsior Springs Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Excelsior Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 117½ Saratoga — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Timothy Middle: DeWayne Last: Hankins
4. DATE OF DEATH: Month: January Day: 11 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-25-60
9. AGE (last birthday): IF UNDER 1 YEAR: Months: Days: 16 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Excelsior Springs, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Clovis Hankins
13b. MOTHER'S MAIDEN NAME: Mary Adams
14. NAME OF HUSBAND OR WIFE: None
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.: None
17. INFORMANT: Mrs. Clovis Hankins Address: Excelsior Spgs, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congenital Heart	17 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Secondary pneumonia	2 days
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 Dec 25th, 1960, to Jan 11, 1961 and last saw her/him alive on 1-11-61
Death occurred at 1:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James R. Allan M.D.
22b. ADDRESS: Excelsior Springs, Mo
22c. DATE SIGNED: 1-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-12-1961
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill
23d. LOCATION (City, town, or county) (State): Excelsior Springs, Missouri
24. FUNERAL DIRECTOR: Richard Funeral Home
ADDRESS: Ex. Spring, Mo
25. DATE RECD. BY LOCAL REG.: 1-29-61
26. REGISTRAR'S SIGNATURE: Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	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_____ Signed Lindell Jarman

Signature of Student Embalmer

~~Li~~censed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

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.