

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007412

STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 91

FILED APR 10 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in lb 18 days	c. CITY OR TOWN Salem Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Hanner Hanner (none) Bailey			4. DATE OF DEATH Month Day Year April 2, 1961
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/18/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking	9. AGE (last birthday) 70
11a. BIRTHPLACE (City and state or country) Salem, Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Cole Bailey		13b. MOTHER'S MAIDEN NAME Miriam M. Hunting	14. NAME OF HUSBAND OR WIFE Sylvia Agnes Litton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Lawrence Bailey - Salem, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INANITION AND DEBILITATION			INTERVAL BETWEEN ONSET AND DEATH 2 weeks +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) OBSTRUCTION OF SIGMOID COLON			4 weeks
DUE TO (c) PRIMARY CARCINOMA OF PROSTATE WITH EXTENSION INTO SIGMOID COLON			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC CORONARY ARTERY DISEASE			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 Mar 16 - 1961 , to April 2 - 1961 and last saw him alive on APRIL 1 - 1961 Death occurred at 1:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward Hanner		22b. ADDRESS Kirksville, Iowa	22c. DATE SIGNED 4-2-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/4/1961	23c. NAME OF CEMETERY OR CREMATORY Salem South Cemetery	23d. LOCATION (City, town, or county) (State) Salem, Iowa
24. FUNERAL DIRECTOR ADDRESS Dee Riley Funeral Home, Inc. Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 4-4-1961	26. REGISTRAR'S SIGNATURE Dorcas W. Pattiff

EARL LAUGHLIN, D.D.

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 Kenneth E. Hayes

Licensed Embalmer No. 4896

P. O. Address Kirkville, 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.