SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013344
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 408B

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Hospt. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1216 W. Walnut — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Floyd Middle J. Last Hanks
4. DATE OF DEATH Month April Day 23 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-27-1897
9. AGE (last birthday) 64 — 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) Minister
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Christian Co., Mo.
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Tommy Hanks
13b. MOTHER'S MAIDEN NAME Minerva Page
14. NAME OF HUSBAND OR WIFE Mary Hanks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
17. INFORMANT Address Mrs. Mary Hanks, Springfield, 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) Leukemia, Chronic Myelogenous — INTERVAL BETWEEN ONSET AND DEATH 5 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 April 1959, to April 23, 61 and last saw ~~her~~ him alive on April 22, 1961
Death occurred at 4:20 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H D Callaway Jr MD
22b. ADDRESS Springfield Mo
22c. DATE SIGNED April 29, 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-25-1961
23c. NAME OF CEMETERY OR CREMATORY Selmore Cemetery
23d. LOCATION (City, town, or county) (State) Christian Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Rex Rainey, Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 5-4-61
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

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 Lee Mason

Signature of Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.