

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024572

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 109

FILED JUL 24 1961

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cooper</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> , COUNTY <u>Cooper</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Boonville</u>                     | Length of stay in 1b<br><u>40 Yrs.</u> | c. CITY OR TOWN <u>Boonville</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS <u>918 Main St.</u> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                  |   |  |  |  |
|--|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>William</u> Middle <u>W.</u> Last <u>Hanna</u>                   |                                  |   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>19</u> Year <u>1961</u>     |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Aug. 22, 1873</u>                                 | 9. AGE (last birthday)<br><u>87</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Blacksmith</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Blacksmith Shop</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Near Armstrong, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                                  |  |
| 13a. FATHER'S NAME<br><u>James Thomas Hanna</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Adella White</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Louise Boone Hanna</u>                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>No</u> or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br><u>Miss Hattie Boone, Boonville, Mo.</u><br>Address _____ |  |

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>?</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                       |   |  |

|  |  |   |                          |
|--|--|---|--------------------------|
| 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<br><u>Boonville Mo</u> | COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>July 14-61</u> to <u>July 19-61</u> and last saw him alive on <u>July 19-61</u><br>Death occurred at <u>8:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |                          |

|  |                                     |  |
|--|-------------------------------------|--|
| 22a. SIGNATURE<br><u>M. L. DeLoe</u> (Degree or title)         | 22b. ADDRESS<br><u>Boonville Mo</u> | 22c. DATE SIGNED<br><u>7/21/61</u> (State)                         |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>     | 23b. DATE<br><u>July 21, 1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Walnut Grove Cemetery</u> |
| 23d. LOCATION (City, town, or county)<br><u>Boonville, Mo.</u> |                                     |  |

|  |  |   |
|--|--|---|
| 24. FUNERAL DIRECTOR<br><u>Goodman &amp; Boller, Boonville, Mo.</u><br>ADDRESS _____ | 25. DATE RECD. BY LOCAL REG.<br><u>7/21/61</u> | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |
|--|--|---|

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

SEP 26 1967

**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

*William W. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville, Misso

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.