

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-031623

STATE FILE NUMBER

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 82

FILED AUG 23 1961

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HOUSTON</u>		c. CITY OR TOWN <u>RAYMONDVILLE</u>	
Length of stay in 1b. <u>2 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TEX. CO MEM. HOSPITAL</u>		d. STREET ADDRESS (if outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HANNAH</u> Middle <u>BLANCH</u> Last <u>SHANKS</u>			4. DATE OF DEATH Month <u>8</u> Day <u>-10</u> Year <u>1961</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-20-1989</u>	9. AGE (last birthday) <u>73</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MONTROSE, PA.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>OSCAR W. BLISS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY JANE NEWMAN</u>			14. NAME OF HUSBAND OR WIFE <u>RAY SHANKS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>AVON Wilhite</u> Address <u>Houston, MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Intra-abdominal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Secondary to Ruptured</u>			
DUE TO (c) <u>Intra-abdominal Aortic Aneurysm</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive arteriosclerotic degenerative</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
---	--	--	--	---	--	--

19. WAS AUTOPOSTY 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.) <u>Heavy house grade IV</u>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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	COUNTY	STATE
--	--	------------------------------	--------	-------

21. I attended the deceased from Apr 15, 1944 to 8/10/61 and last saw her alive on 8/10/61
Death occurred at 10:05 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. J. Burns, MD</u>	22b. ADDRESS <u>Houston, MO</u>	22c. DATE SIGNED <u>8/12/61</u>
---	---------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-13-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ALLEN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Raymondville, MO</u>
---	----------------------------	--	---

24. FUNERAL DIRECTOR <u>L. F. EVANS</u> ADDRESS <u>Houston, MO</u>	25. DATE RECD. BY LOCAL REG. <u>8-21-61</u>	26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>
--	---	---

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 STEPHEN E. ATKISSON, Student Embalmer No. 638

working under my personal supervision

Student Stephen E. Atkisson
Signature of Student Embalmer

Signed Ernest C. Craig

Licensed Embalmer No. 4766

P. O. Address Mtn Grove

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.