

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013820

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 6

<p>FILED APR 11 1962</p> <p>1. PLACE OF DEATH a. COUNTY <u>Shelby</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clarence</u> Length of stay in 1b <u>5 Weeks</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Relative's Residence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>MOCON</u></p> <p>c. CITY OR TOWN <u>Bever</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Bever</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Alice Jeane Hanlin</u></p>		<p>4. DATE OF DEATH Month Day Year <u>April 5 1962</u></p>	
<p>5. SEX <u>F</u></p>	<p>6. COLOR OR RACE <u>W</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>July 19, 1918</u></p>
<p>9. AGE (last birthday) <u>43</u></p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Shelby County U.S.A.</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		<p>13a. FATHER'S NAME <u>Orrie H Pettet</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Gladys Richardson</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Laverne Hanlin</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>[REDACTED]</u></p>	<p>17. INFORMANT Address <u>Laverne Hanlin</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>POLYCYSTIC KIDNEYS</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ACUTE UREMIA</u></p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u> <u>1 DAY</u></p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from <u>3-9-62</u> to <u>4-5-62</u> and last saw her alive on <u>4-5-62</u> Death occurred at <u>6:35p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>Dr. B.H. Edrington D.D.</u></p>		<p>22b. ADDRESS <u>Clarence, Mo.</u></p>	
<p>22c. DATE SIGNED <u>4-7-62</u></p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>April 18 1962</u></p>	
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Shelbina Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) <u>Shelby Mo.</u></p>	
<p>24. FUNERAL DIRECTOR <u>Greening</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>4-8-62</u></p>	
<p>ADDRESS <u>Clarence Mo</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Marianne Simpson</u></p>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 17 1962

Permit Obtained 4-8-62

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 Charles V. Higgins

Licensed Embalmer No. 4425

P. O. Address Lawrence, 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.