

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018085

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 631

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUN 11 1962

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Mo. Length of stay in lb 28 years
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Andrew
 c. CITY OR TOWN RFD # 1, Fillmore Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2 miles East Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MARCUS Middle ALONZO Last HANNER 4. DATE OF DEATH Month May Day 30 Year 1962

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-13-02 9. AGE (last birthday) 60 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY farm 11. BIRTHPLACE (City and state or country) Carrollton, Mo. 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME John Hanner 13b. MOTHER'S MAIDEN NAME Mary Benjamin 14. NAME OF HUSBAND OR WIFE - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. - - - 17. INFORMANT John Hanner, Fillmore, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Asphyxia, due to aspiration (stomach content)
 DUE TO (b) Extensive local hemorrhage-Dislocation (reduced) left shoulder
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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.) Patient fell

20c. TIME OF INJURY Hour 10:30 a.m. Month, Day, Year May 29, 1962

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 5-29-62 to 5-30-62 and last saw her/him alive on 5-29-62
 Death occurred at 8:04 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Manson B. Pettit M.D. (Degree or title) 22b. ADDRESS State Hospital No. 2 St. Joseph, Mo. 22c. DATE SIGNED 5-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 5-31-62 23c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery 23d. LOCATION (City, town, or county) (State) Fillmore, Missouri

24. FUNERAL DIRECTOR BREIT & HAWKINS ADDRESS SAVANNAH 25. DATE RECD. BY LOCAL REG. June 5, 1962 26. REGISTRAR'S SIGNATURE Mr. Clark Goodell

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 James P. Hawkins

Licensed Embalmer No. 4536

P. O. Address Lawrence

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.