

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028006

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 256 Primary Registration District No. 5879 Registrar's No. 8

FILED JUL 23 1962

VS 300  
Rev. 4/59

6760  
20760

3  
4 0  
5 1  
6  
7 0  
8 2  
9 8/11  
10

11 076  
12 9-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

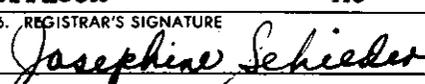
SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BENTON TWP MORRISON</b> Length of stay in 1b <b>38 yrs</b>		c. CITY OR TOWN <b>MORRISON</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 1/2 mi. W. of Morrison</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>BENTON TWP</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FLORENCE C HANKE</b>			4. DATE OF DEATH Month Day Year <b>JULY 18, 1962</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-12-96</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>WARREN COUNTY MISSOURI</b>
13a. FATHER'S NAME <b>WILLIAM HANKE</b>		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>IDA ROEWE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Roewe . Morrison , Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Fractures of face and neck</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Auto being struck on Rail Road Crossing by</b> DUE TO (c) <b>Train</b>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Auto was struck by Train on Crossing</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>11:05 p.m.</b> Month, Day, Year <b>7-18-62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Rail Road Crossing</b>		20f. CITY, TOWN, OR LOCATION <b>Morrison, Mo.</b>	COUNTY <b>Osage</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>11:05</b> to <b>7-18-62</b> and last saw him <b>dead</b> Death occurred at <b>11:05</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)  <b>Coroner</b>		22b. ADDRESS <b>Box M, Linn, Mo.</b>	22c. DATE SIGNED <b>7-18-62</b>
23a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) <b>Burial</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Good Hope Cemetery</b>	23d. LOCATION (City, town, or county) <b>Morrison</b> (State) <b>Mo</b>
24. FUNERAL DIRECTOR <b>Herman Blumer Inc Hermann, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>July 20, 1962</b>	26. REGISTRAR'S SIGNATURE 

AUG 2 1962

SEP 19 1962

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 Orval L. Groves

Licensed Embalmer No. 15187

P. O. Address Germany, Md.

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.