

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046309
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Amended
AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 484

VS 300
Rev. 4/59

6269
20269

3
4 0
5 1

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7 1

8 0
94201

10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City | | Length of stay in 1b 28 yrs. | c. CITY OR TOWN Jefferson City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 722 Cliff Drive | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 722 Cliff Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Clarence Overby Hanes | | | 4. DATE OF DEATH Month Day Year December 16, 1962 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-9-1889 |
| 9. AGE (last birthday) 73 | | 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) Chief of Contributions Employment Sec. | | 10b. KIND OF BUSINESS OR INDUSTRY Quency, Illinois | 11. BIRTHPLACE (City and state or country) USA |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Charles W. Hanes | 13b. MOTHER'S MAIDEN NAME Lillie Walker Page |
| 14. NAME OF HUSBAND OR WIFE Iva M. Trigg | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 17. INFORMANT Address Mrs. Iva M. Hanes, Jefferson City |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. EVIDENT CAUSE WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 <u>1952</u> to <u>12/16/62</u> and last saw her alive on <u>12/14/62</u> . Death occurred at <u>3:50 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>David L. Richter</i> (Degree or title) | | 22b. ADDRESS Jefferson City Mo | 22c. DATE SIGNED 12/17/62 |
| 23a. BURIAL, CREMATION REMOVAL (Specify) Burial | 23b. DATE 12-18-1962 | 23c. NAME OF CEMETERY OR CREMATOR Riverview Cemetery | 23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri |
| 24. FUNERAL DIRECTOR Gideon N. Houser, Jefferson City, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 17 December 1962 | 26. REGISTRAR'S SIGNATURE <i>David L. Richter, Dep.</i> |

DEC 31 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

Gideon N. Houser

Licensed Embalmer No.

4579

P. O. Address

Jefferson City, 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.