

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005327

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 269

STATE FILE NUMBER

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                     |                                                              |                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| <p><b>FILED MAR 6 1963</b></p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Buchanan</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph,</u> Length of stay in lb <u>18 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Meth. Hosp. &amp; Med. Center</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>Missouri</u> b. COUNTY <u>Buchanan</u></p> <p>c. CITY OR TOWN <u>St. Joseph,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>3421 Olive Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |                                                                                              |                                                                                                     |                                                              |                                                                             |  |
| <p>3. NAME OF DECEASED</p> <p style="text-align: center;">First Middle Last</p> <p style="text-align: center;"><u>MAYBELL HANKINS</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | <p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year</p> <p style="text-align: center;"><u>February 26, 1963</u></p>                                                                                                                                                                                                                                                                                                               |                                                                                              |                                                                                                     |                                                              |                                                                             |  |
| <p>5. SEX <u>Female</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>6. COLOR OR RACE <u>White</u></p> | <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                     | <p>8. DATE OF BIRTH <u>Oct. 11, 1895</u></p>                                                 | <p>9. AGE (last birthday) <u>67</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>Own Home</u></p>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | <p>11. BIRTHPLACE (City and state or country) <u>Wathena, Kansas</u></p>                            |                                                              | <p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u></p>                             |  |
| <p>13a. FATHER'S NAME <u>George Tucker</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u></p>                                            |                                                                                                     | <p>14. NAME OF HUSBAND OR WIFE <u>William J. Hankins</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>17. INFORMANT <u>Son</u> Address <u>Mr. Harold Stains-St. Joseph, Missouri</u></p>        |                                                                                                     |                                                              |                                                                             |  |
| <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Acute Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u></p> <p style="text-align: center;">DUE TO (b) <u>Portal Cirrhosis of the Liver (Etiology unknown)</u> <u>Unknown</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                     |                                                              |                                                                             |  |
| <p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 _____ COUNTY _____ STATE _____</p>          |  |
| <p>21. I attended the deceased from <u>2/12/62</u> to <u>2/26/63</u> and last saw her alive on <u>2/26/63</u></p> <p>Death occurred at <u>8:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                     |                                                              |                                                                             |  |
| <p>22a. SIGNATURE <u>[Signature]</u> (Degree or title)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>22b. ADDRESS <u>SOCIAL WELFARE BOARD</u><br/><u>10th &amp; Olive, St. Joseph, Mo.</u></p> |                                                                                                     | <p>22c. DATE SIGNED <u>2/28/63</u></p>                       |                                                                             |  |
| <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | <p>23b. DATE <u>3-2-63</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | <p>23c. NAME OF CEMETERY OR CREMATORY <u>Balmont Cemetery</u></p>                                   |                                                              | <p>23d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas</u></p> |  |
| <p>24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u> ADDRESS _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>25. DATE RECD. BY LOCAL REG. <u>Mar. 1, 1963</u></p>                                      |                                                                                                     | <p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>          |                                                                             |  |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

O.W.D. Craig, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 3/1/63

**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 Raymond A. Moor

Licensed Embalmer No. 5147

P. O. Address St Joseph Ho

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.