

**STANDARD CERTIFICATE OF DEATH**

State File No. **19081**

FILED JUL 10 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **97**

0420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <i>Henry</i>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor 0420</i>	
c. LENGTH OF STAY (at this place) <i>1 hour</i>		d. STREET ADDRESS (If rural, give location) <i>108 S. Chisman</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Community Hospital</i>			
<b>3. NAME OF DECEASED</b> (Type or Print), a. (First) <i>LARRY</i> b. (Middle) <i>ALLEN</i> c. (Last) <i>HANGER</i>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>June 30 1957</i>	
<b>5. SEX</b> <i>male</i>	<b>6. COLOR, OR RACE</b> <i>white</i>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <i>never married</i>	<b>8. DATE OF BIRTH</b> <i>Sept. 16, 1946</i>
<b>9a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>at home</i>	<b>9b. KIND OF BUSINESS OR INDUSTRY</b>	<b>9. AGE</b> (in years last birthday) <i>4</i>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>USA</i>
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <i>Clinton, Missouri</i>
<b>13a. FATHER'S NAME</b> <i>William Hanger</i>		<b>13b. MOTHER'S MAIDEN NAME</b> <i>Helen Mantonpa</i>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <i>no</i>	<b>16. SOCIAL SECURITY NO.</b> <i>none</i>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>William Hanger, Windsor, Mo.</i>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Toxemia - due to infection</i>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <i>36 hrs -</i>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <i>Convulsions -</i>		<i>12-30 hrs</i>	
<b>II. OTHER SIGNIFICANT CONDITIONS:</b> <i>Passive Congestion of Lungs - possible cardiac failure.</i>		<i>6-8 hrs.</i>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <i>780Z</i>	
<b>22. I hereby certify that I attended the deceased from June 29, 1957, to June 29, 1957, that I last saw the deceased alive on June 29, 1957, and that death occurred at 3:15 Am., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>Florence</i> (Degree or title) <i>MO</i>		<b>23b. ADDRESS</b> <i>Windsor, Mo</i>	<b>23c. DATE SIGNED</b> <i>6-29-57</i>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <i>Burial</i>	<b>24b. DATE</b> <i>6-30-57</i>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <i>Laurel Oak</i>	<b>24d. LOCATION</b> (City, town, or county) (State) <i>Windsor, Missouri</i>
<b>DATE REC'D BY LOCAL REG.</b> <i>June 30-57</i>	<b>REGISTRAR'S SIGNATURE</b> <i>Florence</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Adam Huston-Turner, Windsor, Mo.</i>	

**RECEIVED**

7-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-9-51

**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 \_\_\_\_\_  
Student Embalmer

Signed

*William M. Turner*

Licensed Embalmer No. 4648

P. O. Address Hudson, 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 this body is not embalmed, fact should be so stated above.