

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38435

State File No.

5. No. 300
v. 10.48

DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 57

0422

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>12 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>524 S. McLean</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAVINA</u> b. (Middle) <u>JANE</u> c. (Last) <u>HANNING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec - 10 - 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unwedded</u>	8. DATE OF BIRTH <u>Aug-17-1874</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Peter Long</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Rice Long</u>	14. NAME OF HUSBAND OR WIFE <u>Wm Henry Hanning</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Russell Miller Clinton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Congestive heart failure</u> <u>2 months</u> DUE TO (c) <u>Hypertensive crisis and disease</u> <u>Unknown</u> II. OTHER-SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic atrophic arthritis</u> <u>about 3 years</u>	
19a. DATE OF OPERATION <u>nm</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Sept 26, 1952</u> , to <u>Dec 10, 1952</u> , that I last saw the deceased alive on <u>Dec 10, 1952</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. B. Hughes M.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>12/12/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Laurel Oak Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 18-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wellman</u>	ADDRESS <u>Clinton</u>

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 Fred J. Wekerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.