

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

517 State File No. 36677

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3823 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TEBO TWP.		c. CITY OR TOWN CLINTON	
c. LENGTH OF STAY (in this place) 50 YRS		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.H.G. CLINTON		e. STREET ADDRESS (If rural, give location) TEBO TWP - R#6	

3. NAME OF DECEASED (Type or Print) BERTHA - HANGER	4. DATE OF DEATH (Month) (Day) (Year) NOV. 18, 1955
a. (First)	b. (Middle)
c. (Last)	

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOW	8. DATE OF BIRTH OCT. 13, 1872	9. AGE (In years last birthday) 83	10. MONTHS 1	11. DAYS 5	12. IF UNDER 1 YEAR	13. IF UNDER 6 HRS. Hours	14. IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BELLMORE, IND.	12. CITIZEN OF WHAT COUNTRY? U.S.A.						

13a. FATHER'S NAME JAMES W. BRECKENRIDGE	13b. MOTHER'S MAIDEN NAME HANNAH E. WRIGHT	14. NAME OF HUSBAND OR WIFE DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Elmer Hanger, Clinton, Mo.	ADDRESS R#6
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 4500		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Minute)	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 Jan. 1, 1951, to Nov 4, 1955, that I last saw the deceased alive on Oct 31, 1955, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) C. J. Smith	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 11/19/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV 20 55	24c. NAME OF CEMETERY OR CREMATORY BROWN CEMETERY	24d. LOCATION (City, town, or county) (State) Clinton, Mo. R#6
DATE REC'D BY LOCAL REG. 11-19-55	REGISTRAR'S SIGNATURE Mildred Bigum	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Wauson, Clinton	

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

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 *H. A. Fausant*

Licensed Embalmer No. *37*

P. O. Address *Clinton*

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.