

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JAN 24 1949

State File No. 309
65
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>7 months</u>	c. CITY OR TOWN <u>Camden, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2018 Francis St. Cassidy Bell Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannie</u> b. (Middle) <u>R.</u> c. (Last) <u>Past</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-16-1949</u>
---	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 22, 1883</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>	IF UNDER 24 Hrs. Hours <u>2</u> Min. <u>2</u>
----------------------	-------------------------------	---	--------------------------------------	---	--	---

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 (State or foreign country) <u>Camden, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>William Banton</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Stephen Charlie</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Past</u>	ADDRESS <u>Camden, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hemorrhage from stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulcer of stomach</u>		<u>2 weeks</u>
	DUE TO (c) <u>--</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>--</u>			

19a. DATE OF OPERATION <u>--</u>	19b. MAJOR FINDINGS OF OPERATION <u>--</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
----------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE <u>--</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-- -- --</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-- -- --</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>--</u>
---	--	--------------------------------------

22. I hereby certify that I attended the deceased from 6/11/48, 1948, to Jan. 16, 1949 that I last saw the deceased alive on Jan. 14, 1949, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. G. Werner M.D.</u>	23b. ADDRESS <u>221 Kirkpatrick Bldg. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>3/16/49</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osborn, Missouri</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Jan 17, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmond Howard</u>	ADDRESS <u>Osborn, Mo.</u>
--	--	---	----------------------------

No. 300
10.48
11
7
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
Student Embalmer

Signed *George P. Marshall*

Licensed Embalmer No. *4225*

P. O. Address *224 West 4th*
Camden, N.J.

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.