

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9429

State File No. ....

FILED MAR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 290

396  
0

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (In this place) <u>15 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood, Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0299</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ada</u>	b. (Middle) <u>Louella</u>	c. (Last) <u>Hancock</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 19, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 30, 1877</u>	9. AGE (In years last birthday) Months Days <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTH PLACE (State of foreign country) <u>Valley Junction, Wis</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>German Tadder</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta Fuller</u>	14. NAME OF HUSBAND OR WIFE <u>James Hancock</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Searcy daughter, Lockwood, Mo.</u>	ADDRESS <u>Lockwood, Mo.</u>
--	---	--	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstruction ileum</u>	DUE TO (b) <u>Sliding Strangulated hernia</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Adhesion Pelvic Brim</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Fracture Rt. Hip.</u>		

19a. DATE OF OPERATION <u>2-5-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>5615 F</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fall out of car</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lockwood Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 2-53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell out of car</u>

22. I hereby certify that I attended the deceased from Mar 4, 1953, to Mar 19, 1953, that I last saw the deceased alive on 19 March, 1953, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stanley S. Peterson MD</u>	(Degree or title)	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>20 March 53</u>
---	-------------------	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lockwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lockwood Mo.</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>3-20-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canaba</u>	ADDRESS <u>Greenfield, Mo.</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.

Signed.....  
Student Embalmer

Signed J. C. Canada  
.....  
Licensed Embalmer No. 4196

P. O. Address Greenfield

**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.