

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24509

State File No.

LED AUG 4 - 1953

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Trenton Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Trenton Twp	
c. LENGTH OF STAY (If this place) 21 yrs		d. STREET ADDRESS (If rural, give location) Route # 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 4			

3. NAME OF DECEASED (Type or Print) a. (First) IRVIN b. (Middle) c. (Last) HANCOCK	4. DATE OF DEATH (Month) (Day) (Year) July 8 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 10, 1862	9. AGE (In years last birthday) 90 If under 1 year: Months 6 Days 28 If under 24 hours: Hours 28 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY U.S. A.
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13a. FATHER'S NAME John Hancock	13b. MOTHER'S MAIDEN NAME Hester Ann Norris	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Irene McArtor, Trenton, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 8th 1953 to July 8th 1953, that I last saw the deceased alive on 3:30 p.m., 1953 and that death occurred at 3:30 p.m. (from the causes and on the date stated above).

23a. SIGNATURE (Degree or title) Irene F. Duffly MD	23b. ADDRESS Trenton, Mo.	23c. DATE SIGNED July 10, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 11, 1953	24c. NAME OF CEMETERY OR CREMATORY Maple grove	24d. LOCATION (City, town, or county) (State) Trenton, Grundy, Mo.
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DATE REC'D BY LOCAL REG. July 11, 1953	REGISTRAR'S SIGNATURE Irene	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis O. Donald, Trenton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10.48

0400

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

Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.