

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5713
 BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla Rural - Rolla</u>		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>One Yr.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Route 1, NE of Rolla 1 Mile</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1, NE of Rolla 1 Mile</u> <u>0810</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SHANKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 10 1954</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>Sept. 10, 1894</u>		9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Freeburg Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Robert Franklin</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Branson</u>		14. NAME OF HUSBAND OR WIFE <u>James Shanks (Deceased)</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) <u>XX</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Claude Hawkins, Rt. 1, Rolla 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension, nephritis & arteriosclerosis</u>		
	DUE TO (c) <u>xx</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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) (Min.)		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 May, 1953, to Feb 10, 1954, that I last saw the deceased alive on Sept 7, 1954, and that death occurred at 2:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard E. Nugent D.D.</u>		23b. ADDRESS <u>Newburg, Mo.</u>		23c. DATE SIGNED <u>Feb 12 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Near; Vienna Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Hull</u>		ADDRESS <u>Rolla Mo.,</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 15, 1954</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		By <u>Paul E. Hull</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... Paul E. New

Licensed Embalmer No. 449

P. O. Address Rolla,

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.