

FILED MAR 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 9146

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Crocker		c. LENGTH OF STAY (in this place) 11 Yrs	c. CITY OR TOWN Crocker
d. FULL NAME OF HOSPITAL OR INSTITUTION Crocker		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) Bessie Ellen S Hancock	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH March 5 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 12, 1903	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months -	IF UNDER 1 YEAR Days 21	IF UNDER 1 YEAR Hours -	IF UNDER 1 YEAR Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Miller County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Slawson	13b. MOTHER'S MAIDEN NAME Phoebe Blyze	14. NAME OF HUSBAND OR WIFE Guy Hancock
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 557 241463	17. INFORMANT'S SIGNATURE OR NAME Guy Hancock	ADDRESS Crocker, Missouri
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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 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY EMBOLUS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY HEART DISEASE DUE TO (c)		3 MO.
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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	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 **MAR 5, 1955**, to **DAY**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John A. Mikalovich	(Degree or title) D.O.	23b. ADDRESS Crocker Mo	23c. DATE SIGNED 3-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAR-9-1955	24c. NAME OF CEMETERY OR CREMATORY Madden Cemetery	24d. LOCATION (City, town, or county) (State) Iberia, Missouri RT#1
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DATE REC'D BY LOCAL REG. 3-9-55	REGISTRAR'S SIGNATURE Paula Anne Anderson	458	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedger	ADDRESS Hedger Funeral Homes Inc Crocker Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-9-55
Pulaski County Health Officer
File Number 3-12-55
Date Filed

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 *Clarence E. Moss*

Licensed Embalmer No. *429*

P. O. Address *Wayman*

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.