

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40596

RECORDED 01 1951

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5041 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Barry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Barry 9050

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Flat Creek twp c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0

d. FULL NAME OF HOSPITAL OR INSTITUTION _____ d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
a. (First) Margaret b. (Middle) Annie c. (Last) Hankins

4. DATE OF DEATH (Month) (Day) (Year) 11-28-1951

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH 12-12-1860 9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months IF UNDER 1 YEAR Days IF UNDER 1 HR. Hours IF UNDER 1 MIN. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Sherman County, Texas / 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henderson Pilant 13b. MOTHER'S MAIDEN NAME Martha Methvin 14. NAME OF HUSBAND OR WIFE _____

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. _____

17. INFORMANT'S SIGNATURE OR NAME: Marshall Hankins-Cassville, Mo. ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES DUE TO (b) arteriosclerosis

Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.

DUE TO (c) _____

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 4221

20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July, 1951, to Nov, 1951, that I last saw the deceased alive on Nov. 20, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Glen H. Salyer, M.D. (Degree or title) 23b. ADDRESS Cassville, Mo. 23c. DATE SIGNED Dec. 11-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-2-1951 24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery 24d. LOCATION (City, town, or county) (State) Cassville, Missouri

DATE REC'D BY LOCAL REG. 12-13-1951 REGISTRAR'S SIGNATURE Grace Williams 25. FUNERAL DIRECTOR'S SIGNATURE G. E. Culver ADDRESS Cassville

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED | DEC 26 1951

Dist. File 12-57-3185

Date Filed 12-28-57

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

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.