

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

5514

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 85

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Marion	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Hannibal	b. COUNTY	Marion
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN	Hannibal 0644
Levering Hospital		d. STREET ADDRESS	102 Paris Avenue
Length of stay in 1b		Reside on Farm	
2/16/57		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
FRANK	R	HAFNER	March	2	1957
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH		
Male	White	WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	August 14, 1867		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)		IF UNDER 1 YEAR
C.B. & C Engineer		Retired	89		IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?		Months	Days
Hannibal Missouri		U S A		6	18
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Daniel L Hafner			Mary Ann Hardy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
No		None	Edgar Hafner, Kansas City Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:				4 days	
IMMEDIATE CAUSE (a) Terminal Pneumonia				3 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Carcinoma of Rectum					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED?	
Carcinoma of rectum				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY		20d. INJURY OCCURRED			
Hour Month, Day, Year		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
a. m. p. m.				20f. CITY, TOWN, OR LOCATION COUNTY STATE	
				154X	
21. I attended the deceased from 7-2-48 to 3-2-57 and last saw her/him alive on 3-2-57					
Death occurred at 2:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED	
<i>[Signature]</i>		M. D. 100. N. Sixth, Hannibal, Mo.		3-4-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
Burial		3/4/1957		Mount Olivet	
				23d. LOCATION (City, town, or county) (State)	
				Hannibal Missouri	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
<i>[Signature]</i>		3-6-57		<i>[Signature]</i>	
Hannibal Missouri					

(Licensed Embalmer's Statement on Reverse Side)