

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER

19091

DECEDENT'S BIRTH NO.		CORONER'S CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. <b>92.0</b>	REGISTERED NUMBER <b>339</b>
1. PLACE OF DEATH a. COUNTY <b>Vermilion</b> COUNTY, ILLINOIS		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>Illinois</b> b. COUNTY <b>Vermilion</b>			
b. Death took place <input checked="" type="checkbox"/> OUTSIDE city limits and in <b>Danville</b> TOWNSHIP. <input type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c.		c. Residence was <b>Danville</b> TOWNSHIP. <input checked="" type="checkbox"/> OUTSIDE city limits and in <b>Danville</b> TOWNSHIP. <input type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.			
c. CITY, VILLAGE, OR TOWN		d. LENGTH OF STAY IN 1b or 1c <b>9yrs.</b>	d. CITY, VILLAGE, OR TOWN		e. LENGTH OF RESIDENCE AT 2c or 2d <b>1yr.</b>
e. NAME OF HOSPITAL OR INSTITUTION <b>46 Maplewood Dr.</b>		f. LENGTH OF STAY IN 1e <b>1yr.</b>	f. STREET ADDRESS <b>46 Maplewood Drive</b>		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED a. (FIRST) <b>Frank</b>		b. (MIDDLE) <b>John</b>	c. (LAST) <b>Hanney</b>		4. DATE OF DEATH (MONTH) <b>4</b> (DAY) <b>23</b> (YEAR) <b>56</b>
5. SEX <b>Male</b>	6. RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	8. DATE OF BIRTH <b>6-15-1891</b>	9. AGE (in years last birthday) <b>64</b> if under 1 year MONTHS DAYS if under 24 hrs. HOURS MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Vets Hospital</b>		11. BIRTHPLACE (City and state or foreign country) <b>St. Louis, Mo.</b>	
12. Citizen of what country?		13. FATHER'S FULL NAME <b>James Hanney</b>		14. MOTHER'S FULL MAIDEN NAME <b>Nora Touhy</b>	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.1</b>		16. SOCIAL SECURITY NUMBER <b>None</b>		17. INFORMANT a. SIGNATURE <b>Mrs Mildred Hanney</b> b. ADDRESS <b>46 Maplewood Drive</b> c. RELATIONSHIP TO DECEASED <b>Wife</b>	
18. MEDICAL CAUSE OF DEATH					
PART I. DEATH WAS CAUSED BY [Enter only one cause per line for (A), (B), and (C)]					
IMMEDIATE CAUSE (A) <b>Coronary Occlusion</b>					
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) _____ due to (C) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION					
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT SUICIDE HOMICIDE (specify)		20b. DESCRIBE HOW INJURY OCCURRED (Specify NATURE of injury under MEDICAL CAUSE, item 18)..			
20c. TIME OF INJURY (HOUR) (MONTH) (DAY) (YEAR) A.M. P.M.		20d. INJURY OCCURRED 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.)		20f. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE)			
21a. Upon medical investigation I find this death was caused as stated above. DATE: SIGNED:		21b. Upon official investigation I find the person described died as stated above. DATE: <b>4-24-56</b> SIGNED: <b>Don C Goodwin</b> COUNTY CORONER.			
22. DISPOSITION: BURIAL-REMOVAL-CREMATION (DATE) <b>4-25-56</b>		23. FIRM NAME <b>Barrick &amp; Sons</b>			
CEMETERY <b>Springhill</b>		ADDRESS <b>440 N. Walnut St.</b>			
LOCATION <b>Danville, Illinois</b>		SIGNATURE <b>E. P. Barrick Jr.</b> LICENSE NUMBER <b>F 4706</b>			
24. Received for filing on <b>April 24, 1956</b>		(Signed) <b>Clarence C. Nolan</b> LOCAL REGISTRAR			

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