

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7868

98

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIFTH STREET</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>HANSAARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 20 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>7 7 18 72</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH HANSAARD</u>	
13b. MOTHER'S MAIDEN NAME <u>D.K. STEPHEN</u>		14. NAME OF HUSBAND OR WIFE <u>Mary HANSAARD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>D.K.</u> (If yes, give war or dates of service) <u>D.K.</u>		16. SOCIAL SECURITY NO. <u>D.K.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry Herbert</u>		ADDRESS <u>FIFTH ST, FULTON, 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.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>was found dead in bed</u> ANTECEDENT CAUSES <u>had been dead several hrs</u> <u>due to some sort of heart failure</u> DUE TO (b) _____ DUE TO (c) <u>Acridities - very severe</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Minute) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Barrett</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Fulton Mo.</u>	
23c. DATE SIGNED <u>3/22/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar 23 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	
24d. LOCATION (City, _____) (State) <u>Fulton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Mar 25 1950</u>	
REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupia Truitt</u>	
ADDRESS _____		ADDRESS <u>Fulton, Mo.</u>	

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

0147

RECEIVED
MAR 28 1950
District Health Officer No. 9

District File Number

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 *Walter J. Haines, Jr.*

Licensed Embalmer No. *45578*

P. O. Address *Fulton Mo*

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.