

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33108**

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford			
b. CITY (If outside corporate limits, write RURAL and give town or township) Salem		c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Cherryville		0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hart Clinic,				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) OSA		b. (Middle) DELIGHT		c. (Last) HANSON		4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1950.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 3, 1914	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 0 Days 5	IF UNDER 2 HRS. Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Davisville, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Corbett Hanson		13b. MOTHER'S MAIDEN NAME Elsie Gregory		14. NAME OF HUSBAND OR WIFE none.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Corbett Hanson, Cherryville, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatous					INTERVAL BETWEEN ONSET AND DEATH one year	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast, right					3 years	
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					170X	
19a. DATE OF OPERATION October 21, 1948		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma, breast, right				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) _____		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 9-28, 1950 , to Oct. 8, 1950 , that I last saw the deceased alive on Oct. 8, 1950 , and that death occurred at 12:05 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Francis L. Kozal, M.D. (Degree or title)				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED Oct. 11, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 11/50	24c. NAME OF CEMETERY OR CREMATORY Cherryville Cem.		24d. LOCATION (City, town, or county) (State) Cherryville, Missouri.		
DATE REC'D BY LOCAL REG. 10-11-50		REGISTRAR'S SIGNATURE M. M. Hart, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas S. Halbert, Steelville, Mo.			

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

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
Student Embalmer

Signed

Thomas S. Hubert

Licensed Embalmer No. 4332

P. O. Address Steelyville, Missouri

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.