

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37342**

FILED NOV 28 1950

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **446**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Iowa b. COUNTY Pottawattamie	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Council Bluffs	
c. LENGTH OF STAY (In this place) 4 Months		d. STREET ADDRESS (If rural, give location) 505 South First Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ANNIE	b. (Middle) LOUISE	c. (Last) HANSEN	Nov. 17, 1950		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 20, 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 27	IF UNDER 4 HRS. Hours 	IF UNDER 15 MIN. Min.
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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) Council Bluffs, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mads Rasmussen	13b. MOTHER'S MAIDEN NAME Matilda Jensen	14. NAME OF HUSBAND OR WIFE John A. Hanson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Estella Hansen	ADDRESS Independence, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Brain		
	ANTECEDENT CAUSES DUE TO (b) Carcinoma of Colon 1 year Carcinoma of Liver 6 mos		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X			153X

19a. DATE OF OPERATION July 1950	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon & metastases in liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X
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22. I hereby certify that I attended the deceased from **July 16, 1950**, to **Nov. 17, 1950**, that I last saw the deceased alive on **Nov. 17, 1950**, and that death occurred at **9:05A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. Gratske, M.D.	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 11/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/17/50	24c. NAME OF CEMETERY OR CREMATORY Hazel Dell Cemetery	24d. LOCATION (City, town, or county) (State) Council Bluffs, Iowa
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DATE REC'D BY LOCAL REG. Nov. 17 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks	ADDRESS Independence, Mo.
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APR 26 1955

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.....

Stanley M. Seaton

Signed.....

Student Embalmer

Licensed Embalmer No. *4504*

Kansas City 3, Mo

P.O. Address

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.