

No. 300
10-48

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37668

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4296 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) C.	c. (Last) Hanson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 12 50
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 14, 1922	9. AGE (In years) (Month) (Day) (Year) 28	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during major part of time) Air Corps Reserve	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME H. Chris Hanson	13b. MOTHER'S MAIDEN NAME Margaret M. Long	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch, grade or rates of service) Yes	16. SOCIAL SECURITY NO. 488226248	17. INFORMANT'S SIGNATURE OR NAME H. Chris Hanson	ADDRESS Browning
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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, asthenia, etc.; it means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Gun shot wound		Immediate
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E 976X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Nov 12, 1950**, 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 J.R. [Signature] (Degree or title) MD	23b. ADDRESS Browning Mo	23c. DATE SIGNED Nov. 12, 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE Nov. 14, 50	24c. NAME OF CEMETERY OR CREMATORY Knifong Cem	24d. LOCATION (City, town, or county) (State) Browning (Rural) Mo.
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DATE REC'D BY LOCAL REG. Nov. 17 1950	REGISTRAR'S SIGNATURE Elva Cookshank	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home	ADDRESS Browning.
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(Licensed Embalmer's Statement on Reverse Side)

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

90

MAY 4 1951

DEC 18 1950

NOV 27 1950

APR 29 1954

FEB 20 1953

AUG 25 1954

Date Received: NOV 20 1950

DISTRICT HEALTH OFFICE #2

District File Number 11-50-194

Date Filed: NOV 22 1950

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.

Signed Gerald I. Wade

Signed.....
Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Browning

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.