

FILED JAN 17 1951

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **351558**
REGISTRAR'S No. **138**

BIRTH NO. _____ REG. DIST. NO. **126** PRIMARY REG. DIST. NO. **222**

1. PLACE OF DEATH
 a. COUNTY **Jasper**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural, Tinsdale**
 c. LENGTH OF STAY (In this place) **6 mos**
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Rural, 1 mi. W of Stones River**

2. USUAL RESIDENCE (Where deceased lived, if institutional facilities before death)
 a. STATE **Missouri** b. COUNTY **Newtown**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Racine** **0730**
 d. STREET ADDRESS (If rural, give location) **/**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Henry** b. (Middle) **Washington** c. (Last) **Hansford**
 4. DATE OF DEATH (Month) (Day) (Year) **Jan. 4, 1951**

5. SEX **Male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **wid.**
 8. DATE OF BIRTH **June 27, 1861** 9. AGE (In years last birthday) **89**
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) **Missouri**
 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **John Hansford** 13b. MOTHER'S MAIDEN NAME **Nancy Coe** 14. NAME OF HUSBAND OR WIFE **Susan Anna Hansford**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No**
 16. SOCIAL SECURITY NO. _____
 17. INFORMANT'S SIGNATURE OR NAME **Tom Hansford** ADDRESS **Carleton, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Circulatory collapse - anemia**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Cachexia - ironition - hypoproteinemia**
 DUE TO (c) **Cancer of head of Pancreas**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **157X**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct 11, 1950**, to **Jan 4, 1951**, that I last saw the deceased alive on **Jan 4, 1951**, and that death occurred at **2:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **R. K. Soyler** (Degree or title) **M. D. D.** 23b. ADDRESS **110 N. Webb St. Webb City Mo** 23c. DATE SIGNED **1/1/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan. 9, 1951** 24c. NAME OF GEMETERY OR CREMATORY **Burkhardt Cem.** 24d. LOCATION (City, town, or county) (State) **Racine, Mo.**

DATE REC'D BY LOCAL REG. **1-9-51** REGISTRAR'S SIGNATURE **By [Signature]** 138 25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **Seneca Mo**

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

490 /

RECEIVED 1-16-51
Jasper County Health Office

County File Number 51-1-15

Date Filed 1-16-51

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.