

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11345**

FILED MAR 19 1951

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Washington Twp.		c. LENGTH OF STAY (in this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) Butler		0071	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3				d. STREET ADDRESS (If rural, give location) Room 306 N. Water			
3. NAME OF DECEASED a. (First) Howard (Type or Print)			b. (Middle) Niles		c. (Last) Hansen		4. DATE OF DEATH (Month) (Day) (Year) March 9 - 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3/12/86	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Contractor Farming -		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Glennsboro Kansas, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME H. N. Hansen		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE deceased Hansen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 487-10-43		17. INFORMANT'S SIGNATURE OR NAME Hospital records, State Hosp. #3			
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) Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH Unknown
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis					Unknown
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis					Unknown
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4200					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 3/6 - 1957 , to 3/9 - 1957 , that I last saw the deceased alive on 3/9 - 1957 , and that death occurred at 8:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) How M. Boteler, M.D.				23b. ADDRESS State Hospital #3 Nevada, Mo		23c. DATE SIGNED 3/9/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-51	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG 3-10-1957		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Charles Underwood			
				ADDRESS Butler Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

1080
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 12 1951

Dist. File 351-531

Date Filed 3-12-51

APR 3 1951

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 James K Hill

Licensed Embalmer No. 4743

P. O. Address Butler, 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.