S. No. 300
v. 10-48

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19472

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 649

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1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY ~~OR TOWN~~ (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 17 yrs 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Linn
c. ~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give township) Bucklin. 0580
d. STREET ADDRESS (If rural, give location) ✓ 1

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) (NONE) c. (Last) HANSON

4. DATE OF DEATH (Month) (Day) (Year) 6-18-1951

5. SEX Male. 0
6. COLOR OR RACE white.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. 0
8. DATE OF BIRTH 7-7-1909.
9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months ? Days ? IF UNDER 24 HRS. Hours 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) Bucklin. Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elof Hanson
13b. MOTHER'S MAIDEN NAME Celia Landin.
14. NAME OF ~~HUSBAND OR WIFE~~ None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elof Hanson. Bucklin. Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH 8 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Epilepsy — 37 years
DUE TO (c) Mental deficiency — since birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 3533
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) m.
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* 2-17-, 1943, *to* 6-18-, 1951, *that I last saw the deceased alive on* 6-17-, 1951, *and that death occurred at* 3:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. H. Morroway 0 (Degree or title) M. D.
23b. ADDRESS State Hospital No. 2. St. Joseph, Mo.
23c. DATE SIGNED 6-18-1951.

24a. ~~BURIAL, CREMATION~~, REMOVAL (Specify) Medical School
24b. DATE 6-18-1951
24c. NAME OF CEMETERY OR CREMATORY Kirksville College
24d. LOCATION (City, town, or county) (State) Kirksville, Missouri.

DATE REC'D BY LOCAL REG. June 20, 1951
REGISTRAR'S SIGNATURE Carl C. Cash 446
25. FUNERAL DIRECTOR'S SIGNATURE John E. Kupp ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John E. Rupp

Signed .....
Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St Joseph, 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.