

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29514

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 946

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>42 Years</u>		d. STREET ADDRESS (If rural, give location) <u>3901 King Hill Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>3901 King Hill Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Hansen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 6, 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.Q. R.R. Co.</u>		11. BIRTHPLACE (State of foreign country) <u>Bennington, Idaho /</u>	
13a. FATHER'S NAME <u>Peter Hansen</u>			13b. MOTHER'S MAIDEN NAME <u>Sena (unk) MADISON</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>707-05-8334</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mabel Hansen</u> ADDRESS <u>3901 King Hill Ave.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 Min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>V.I.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>V.I.</u>	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 Nov, 1950 to 10 Sept, 1951, that I last saw the deceased alive on 9 Sept, 1951, and that death occurred at 4:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clement C. Custard</u>		23b. ADDRESS <u>496 St. Joseph, Mo</u>		23c. DATE SIGNED <u>9-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG <u>Sept. 14, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Custard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u> ADDRESS <u>2335 St. Joseph Ave.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD COPY BY AFF. OCT 24 1951

JUN 19 1958

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 Emm Thomas

Signed _____
Student Embalmer

Licensed Embalmer No. 2640

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

29514

State of Mo }
County of Buch } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 946

On this 18 day of Sept, 1951, before me appears _____

Mrs Mable Hansen, who, upon her oath, states that the original record of ^{birth} death

for William Henry Hansen died Sept 10, 1951, in the State of

Missouri, and which was filed at St Joseph, Mo on 9-14, 19____, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 13 should read SENA MADISON

Instead of _____ SENA UNKNOWN

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Mrs Mable Hansen wife
Relationship.

3901 King Hill Ave, City
Present Address.

Subscribed and sworn to before me this 18 day of Sept, 1951.

My Commission expires My Commission Expires April 12, 1955 Ester M. Allison Notary Public.

20 1955

Affidavits containing erasures will not be accepted; draw one line through error and write above it.