

STANDARD CERTIFICATE OF DEATH

32373

FILED SEP 18 1951

State File No. 17-11

BIRTH NO. 268 REG. DIST. NO. 368 6248 PRIMARY REG. DIST. NO. 6248 Registrar's No. 17-11

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Richwoods</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Poloni</u> | |
| c. LENGTH OF STAY (In this place) <u>4 months</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|---------------------------|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>AGNES</u> c. (Last) <u>HANSON</u> | | | 4. DATE OF DEATH (Month) <u>8</u> (Day) <u>5</u> (Year) <u>51</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | |
| 8. DATE OF BIRTH <u>9-11-66</u> | | | 9. AGE (In years last birthday) | | 10. F UNDER 1 YEAR |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Nurse</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| 11. BIRTHPLACE (State or foreign country) | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>CHARLES HAZELLE</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY DAUGHERTY</u> | | 14. NAME OF HUSBAND OR WIFE <u>JOHN HANSON</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Alberta Cardia</u> | |
| | | | | ADDRESS | |

| | | | | | | | |
|---|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart lesion</u> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|---|--|
| 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) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>447X</u> | |
| 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 Aug-1, 1946, to Aug-5, 1951, that I last saw the deceased alive on July-18, 1951, and that death occurred at 4:17 p.m., from the causes and on the date stated above.

| | | | | | |
|--|--|------------------------------------|--|-----------------------------------|--|
| 22a. SIGNATURE <u>Joseph L. Thurman</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Poloni, Mo.</u> | | 23c. DATE SIGNED <u>8-6-51</u> | |
|--|--|------------------------------------|--|-----------------------------------|--|

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|--|--|----------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial U</u> | | 24b. DATE <u>8-5-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Richwoods Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Richwoods Mo</u> | |
|--|--|----------------------------|--|---|--|--|--|

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|---|--|---|--|--|--|-----------------------------|--|
| DATE REC'D BY LOCAL REG. <u>8-9-51</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>[Address]</u> | |
|---|--|---|--|--|--|-----------------------------|--|

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

1100

RECEIVED

SEP 11 1957

WASH. COUNTY HEALTH DEPT.

File No. 951-232

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

Edgar W. Laffoon

Licensed Embalmer No.

3394

P. O. Address

Sullivan, Mo

Signed.....
Student Embalmer

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.