

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1949

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 2040 Registrar's No. 98

597

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp. 0596</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>325 Polk Street</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles North of Springhill</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Etta</u> c. (Last) <u>Hansen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 2, 1952</u>		
--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov-14-1888</u>	9. AGE (In years last birthday) <u>63</u>	if under 1 year Days <u>2</u>	if under 12 mos. Hours <u>15</u>	if under 12 mos. Min. _____
----------------------	-------------------------------	---	-------------------------------------	---	-------------------------------	----------------------------------	-----------------------------

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

13a. FATHER'S NAME <u>L.E. Perry</u>	13b. MOTHER'S MAIDEN NAME <u>unknown Keller</u>	14. NAME OF HUSBAND OR WIFE <u>H. P. Hansen</u>
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. P. Hansen; R.R.; Chillicothe, Mo.</u>	ADDRESS _____
--	-------------------------------------	---	---------------

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) <u>Coronary Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u>		<u>1 hour</u>
	DUE TO (c) <u>Arteriosclerosis</u>		<u>years</u>
	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 <u>4201</u>	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) (m.) _____	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 19 Jan, 1952, to 2 Feb, 1952, that I last saw the deceased alive on 2 Feb, 1952, and that death occurred at 8:35 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles M. Bruce</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo. Charles M. Bruce</u>	23c. DATE SIGNED <u>5 Feb 1952</u>
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeling Missouri</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Feb-5-52</u>	REGISTRAR'S SIGNATURE <u>Frances B. Nailb</u>	171-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u>	ADDRESS _____
--	---	-------	---	---------------

MAR 20 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, 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.