

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13706

State File No.

FILED MAY 12 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5858 Registrar's No. 108

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| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Graham-rural</u> c. LENGTH OF TOWN <u>1 1/2 m.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Graham-rural</u> d. STREET ADDRESS (If rural, give location) <u>1740</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | b. (Middle) <u>A.</u> | c. (Last) <u>Hanson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-7-1952</u> |
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| 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>Aug. 25-1872</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Holmstad-Sweden</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Carl Hanson</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Hagg</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Emily Hanson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Helen Hanson-Graham-Mo.</u> | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>3-4 mo.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular Heart Disease</u> | | <u>5 yr.</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>1561</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Feb., 1952, to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 1:28 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>M.C. Allen</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Marion, Mo.</u> | 23c. DATE SIGNED <u>5/7/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-9-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Graham - Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-10-52</u> | REGISTRAR'S SIGNATURE <u>Bess Holt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ematchson</u> | ADDRESS <u>Maryville, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 15 1952

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.

Student
Student Embalmer

Signed

G. M. Atkinson

Licensed Embalmer No. *2279*

P. O. Address

Maryville, 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.