No. 300
10.48

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

FILED AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28708

State File No.

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Noel
c. LENGTH OF STAY (in this place) 33 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dr. Fountain's Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Arkansas
b. COUNTY Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sulphur Springs 8039
d. STREET ADDRESS (If rural, give location) R-1

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last) Unnamed infant son of Mr.&Mrs. W. Hanson

4. DATE OF DEATH (Month) (Day) (Year) May 15 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 5-14-1952
9. AGE (In years last birthday) — If under 1 year: Months — Days 1 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Noel, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter Hanson
13b. MOTHER'S MAIDEN NAME Lois Hill
14. NAME OF HUSBAND OR WIFE

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

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) anoxemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) respiratory depression — 24 hrs
DUE TO (c) mal development respiratory center

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 7590
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* 5/14, 1952, *to* 5/15, 1952 *that I last saw the deceased alive on* 5/15, 1952, *and that death occurred at* 5:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE L. D. Fountain (Degree or title) D.O.
23b. ADDRESS Noel Mo
23c. DATE SIGNED Aug 9, 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-16-1952
24c. NAME OF CEMETERY OR CREMATORY Mt. Plesant Cemetery
24d. LOCATION (City, town, or county) (State) Near Hiwasse Arkansas

DATE REC'D BY LOCAL REG. 8-20-52
REGISTRAR'S SIGNATURE Mayme Humphrey 423
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS Siloam Springs, Ark.

(Licensed Embalmer's Statement on Reverse Side)

1952
S-21137.

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 E B Pyratt

Licensed Embalmer No. 437

P. O. Address Siloam Springs Ark

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.