

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

162

State File No. _____

FILED JAN 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>25</u>	PRIMARY REG. DIST. NO. <u>5094</u>	Registrar's No. <u>1</u>
1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIWAY 71</u>		d. STREET ADDRESS (If rural, give location) <u>HIWAY 71</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>		b. (Middle) <u>HANSHEW</u>		c. (Last) _____
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>FEB-4-1865</u>		9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>11</u> DAYS <u>6</u>
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 <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>VOSCOBEL, WISCONSIN</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LEWIS KELLOG</u>		
13b. MOTHER'S MAIDEN NAME <u>ANNAR FISH</u>		14. NAME OF HUSBAND OR WIFE <u>CLAUDE H. HANSHEW</u>		
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>CLAUDE H. HANSHEW</u> ADDRESS <u>RICH HILL, MO.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial</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>4222</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 <u>JAN 10, 1953</u> , to <u>JAN 10, 1953</u> , that I last saw the deceased alive on <u>JAN 10, 1953</u> and that death occurred at <u>8:25</u> m., from the causes and on the date stated above.		
23. SIGNATURE <u>Edna D. Thompson</u> (Degree or title) _____		23b. ADDRESS <u>Rich Hill, Mo.</u>		
23c. DATE SIGNED <u>JAN 14 1953</u>		23d. SIGNATURE <u>Edna D. Thompson</u> ADDRESS _____		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 12 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIDER CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>BATES COUNTY, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna D. Thompson</u> ADDRESS <u>Rich Hill, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 14 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna D. Thompson</u>		

(License Embosmer's Statement on Reverse Side)

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

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

John L. Underwood

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.