No. 300 FILED JUN 22 1953
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21224

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. .....

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

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hermann, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hermann 0371 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Hansen

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Nov. 3, 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 5, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Hermann, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Charles Hansen
13b. MOTHER'S MAIDEN NAME: Marie Schultz
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ferd. Hansen Hermann, Mo.

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): Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — Unknown
DUE TO (c):

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: 4222
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* 4/1, 1953, *to* 4/15, 1953, *that I last saw the deceased alive on* 4/15, 1953, *and that death occurred at* 4:51 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], 2 D.O.
23b. ADDRESS: Hermann, Missouri
23c. DATE SIGNED: 4/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 20/53
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Hermann, Mo.

DATE REC'D BY LOCAL REG.: JUN 22 1953
REGISTRAR'S SIGNATURE: Clyde A. Bridges
28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. R. Kuediger Hermann Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 E R Rudigs

Signed _____
Student Embalmer

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.