

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25399**

FILED **AUG 5 - 1953**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage mo</u>	
c. LENGTH OF STAY (in this place) <u>5 da</u>		d. STREET ADDRESS (If rural, give location) <u>Fair Acres Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLure Books Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae Ada</u> b. (Middle) <u>Hanselking</u> c. (Last) <u>Hanselking</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-53</u>	
5. SEX <u>fe</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>5-25-1878</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sarsawie mo</u>
12. CITIZEN OF WHAT COUNTRY? <u></u>			

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Hanselking</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edwin Hanselking</u> ADDRESS <u>Wentworth</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u>		<u>6 weeks</u>
	DUE TO (c) <u>Auricular fibrillation</u>		<u>8-10 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 6-10, 1953, to 7-19, 1953 that I last saw the deceased alive on 7-19 1953 and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Shover S. Patterson</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>506 S. Main, Carthage, mo</u>	23c. DATE SIGNED <u>7-22-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>7-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Sarsawie mo</u>		
DATE REC'D BY LOCAL REG. <u>7-22-53</u>	REGISTRAR'S SIGNATURE <u>W B Clinton MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u> ADDRESS <u>Sarsawie mo</u>

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

RECEIVED AUG 3 1953

Jasper County Health Office

County File Number 53-8-635

Date Filed AUG 3 1953

AUG 7 1953

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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Wm R Jackson

Licensed Embalmer No. 3954

P. O. Address Sarsapine Me

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.