

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25722**

FILED JUL 21 1953

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5819** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Osage Town		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Osage Township	
c. LENGTH OF RESIDENCE (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 7 Miles South Versailles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles S. Versailles		0710	

3. NAME OF DECEASED (Type or Print)	a. (First) Millie	b. (Middle) Maie	c. (Last) Hansen	4. DATE OF DEATH (Month) (Day) (Year) July 12, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 16, 1893	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 6 Days 26	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Minooka, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Newsom	13b. MOTHER'S MAIDEN NAME Elizabeth Harrod	14. NAME OF HUSBAND OR WIFE Deceased
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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 Nellie Hansen	ADDRESS Versailles, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 month known for 3 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hypertension 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **May 1953** to **July 1953**, that I last saw the deceased alive on **July 10, 1953**, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack Gunn M.D.	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED 7.13.53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 14 July 53	24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	24d. LOCATION (City, town, or county) (State) Versailles, Missouri
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DATE REC'D BY LOCAL REG. 7/14/53	REGISTRAR'S SIGNATURE J.S. Newsom	25. FUNERAL DIRECTOR'S SIGNATURE W.F. Kidwell	ADDRESS Versailles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0710

AUG 23 1954

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 Raymond C. Lorber

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.