

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **140**

FILED JAN 26 1954

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger			
b. CITY (If outside corporate limits, write RURAL and give township) Lutesville		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) Lutesville - Lutesville		d. STREET ADDRESS (If rural, give location) 0090	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home							
3. NAME OF DECEASED (Type or Print) Lawson		a. (First)		b. (Middle) Jacob		c. (Last) Hansen	
4. DATE OF DEATH (Month) (Day) (Year) 1 10-1954		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH JAN 16-1889		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min. 11 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm + Carpenter	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Maryland MD		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Hansen		13b. MOTHER'S MAIDEN NAME Lucy Rhodes		14. NAME OF HUSBAND OR WIFE Columbia Hansen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Columbia Hansen Lutesville 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma				INTERVAL BETWEEN ONSET AND DEATH 18 months	
		ANTECEDENT CAUSES Morbidity 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.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 162X			
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 June 8, 1953 , to January 10, 1954 , that I last saw the deceased alive on January 10, 1954 , and that death occurred at 3:45pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Evelyn A. Price, D.O.				23b. ADDRESS Lutesville, Missouri		23c. DATE SIGNED 1-13-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BOYAL		24b. DATE 1-13-54		24c. NAME OF CEMETERY OR CREMATORY Mt Zion Cem.		24d. LOCATION (City, town, or county) (State) Bollinger Co. MO	
DATE REC'D BY LOCAL REG. Jan. 13, 1954		REGISTRAR'S SIGNATURE William Van Amburgh		25. FUNERAL DIRECTOR'S SIGNATURE Gene Ward		ADDRESS Lutesville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0090

1954

JAN 24 1954

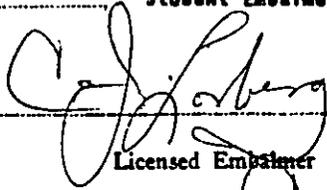
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.