

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23637

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 304L Registrar's No. 259

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SHELBY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MACON MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLARENCE MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SAMARITAN HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LILLA</b> b. (Middle) <b>B</b> c. (Last) <b>HANSEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 24 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>JAN 9 1892</b>		9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	
11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13. KIND OF BUSINESS OR INDUSTRY <b>HOUSEKEEPING</b>	

13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>OTTO HANSEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>OTTO HANSEN</b> ADDRESS <b>CLARENCE MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rupture thoracic Aorta</b>		DUE TO (b) <b>Carcinoma of Esophagus</b>			<b>3 weeks</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			<b>1 yr</b>
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 <b>150X</b>			20. AUTOPSY? YES <input checked="" 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 Aug, 1953, to 26 July, 1954, that I last saw the deceased alive on 29 July, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Em Johnson</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>MACON, MO</b>		23c. DATE SIGNED <b>7-29-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-29-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>SHELBY COUNTY MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles V. Steing</b> ADDRESS <b>CLARENCE MO</b>			
DATE REC'D BY LOCAL REG. <b>Aug 7 1954</b>		REGISTRAR'S SIGNATURE <b>Walter M. Neely</b>		185	

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

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DEC 1 1958

(14)

RECEIVED 8-7-54  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 8-54-134  
Date Filed 8-5-54

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 Charles V. Greening

Licensed Embalmer No. 49257

P. O. Address Clawson, 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.