

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5765

State File No.

FILED MAR 14 1955

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5922</u>		Registrar's No. <u>69</u>					
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural cedar township</u>		c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>X</u> No <u>0</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buena Vista Home - 3 mi. N.</u>				e. STREET ADDRESS (If rural, give location) <u>234 So. Vermont</u>				<u>0808</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u>			b. (Middle) <u>Frederick</u>			c. (Last) <u>HANPETER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 2 1878</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>			11. BIRTHPLACE (City and State of Foreign Country) <u>Pettis Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Hanpeter</u>			13b. MOTHER'S MAIDEN NAME <u>unknown Reinhardt</u>			14. NAME OF HUSBAND OR WIFE <u>Hildegard Hanpeter</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>497-26-6883A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frederick Hunter</u>			ADDRESS <u>Marion Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>							INTERVAL BETWEEN ONSET AND DEATH <u>ACUTE.</u>			
	ANTECEDENT CAUSES DUE TO (b) <u>ANGINA PECTORIS</u> DUE TO (c) <u>MYO CARDITIS</u>										
	II. OTHER SIGNIFICANT CONDITIONS <u>U.A. POPEXY</u> <u>SENILITY</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) m.		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 <u>JAN.</u> , 1955, to <u>MARCH 9</u> , 1955, that I last saw the deceased alive on <u>MARCH 5</u> , 1955, and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Karl O. Goner M.D.</u>					23b. ADDRESS <u>SEDALIA Mo.</u>			23c. DATE SIGNED <u>11 MARCH</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>					
DATE REC'D BY LOCAL REG. <u>3-12-55</u>		REGISTRAR'S SIGNATURE <u>Laura Abbott Deputy</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>				

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

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.....
Signature of Student Embalmer

Signed *James R. Asbren*

Licensed Embalmer No. *493*

P. O. Address *Sedalia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.