

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9121**

No. 300
10.48

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **4421** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If different, see above before death.) a. STATE Mo b. COUNTY Platte	
b. CITY OR TOWN Parkville	c. LENGTH OF STAY (If rural, give township)	c. CITY OR TOWN Parkville	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 706. Main St.		e. STREET ADDRESS (If rural, give location) 706 Main St	

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) T. c. (Last) Hansen	4. DATE OF DEATH (Month) (Day) (Year) May 28-55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan 17 1882	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR (Months) (Days)	11. UNDER 12 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City, State or Foreign Country) Kansas City Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Nels C. Hansen	13b. MOTHER'S MAIDEN NAME Celia Tapp	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Thes Lampe R.R. 3. Parkville	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stroke left side. was DUE TO (c) (Christian Science) no medical		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dr. attended		

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) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:15 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Voland M. Giffey, Coroner 3	23b. ADDRESS Platte City, Mo.	23c. DATE SIGNED 3-29-55
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24. BURIAL, CREMATION, REMOVAL (Specify) Interment	24a. DATE May 31-55	24b. NAME OF CEMETERY OR CREMATORY Elmwood	24c. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. Mar 30-55	REGISTRAR'S SIGNATURE B. Phia Ralins 257	25. FUNERAL DIRECTOR'S SIGNATURE Voland M. Giffey	ADDRESS Parkville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 20 1958

SA DEC 11 1959



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 *Leland H. Francis*

Licensed Embalmer No. *345*

P. O. Address *Parkville*

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.