FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7710

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 30

1. PLACE OF DEATH

a. COUNTY: Saline

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall

c. LENGTH OF STAY (In this place): 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Iowa

b. COUNTY: Cass

c. CITY OR TOWN: Atlantic

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): 106 East 12th St.

5178

3. NAME OF DECEASED (Type or Print)

a. (First): Louella

b. (Middle): Bonnet

c. (Last): Hansen

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13, 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 25, 1878

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months: 3 Days: 18 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and State or Foreign Country): Shelby County, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Albert Bonnet

13b. MOTHER'S MAIDEN NAME: Margaret Remer

14. NAME OF HUSBAND OR WIFE: ----------

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.: 484-38-1288 ~~Unknown~~

17. INFORMANT'S SIGNATURE OR NAME: Mrs. J.L. Gordon

ADDRESS: Marshall, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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) anuria

DUE TO (c) intestinal obstruction

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension + arteriosclerotic cardio-vascular disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) 814

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Jan, 1956 *to* 2-13, 1956, *that I last saw the deceased alive on* 2-13, 1956, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph H. Jones

(Degree or title): M.D.

23b. ADDRESS: Marshall, Mo.

23c. DATE SIGNED: 2-13-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb. 14, 1956

24c. NAME OF CEMETERY OR CREMATORY: Atlantic Cemeterym

24d. LOCATION (City, town, or county) (State): Atlantic, Iowa

DATE REC'D BY LOCAL REG.: Feb-14-1956

REGISTRAR'S SIGNATURE: Cecil H. Reed Deputy

25. FUNERAL DIRECTOR'S SIGNATURE: Campbell-Lewis

ADDRESS: Marshall, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 e

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H. Lewis Jr.

Licensed Embalmer No. 47

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.