

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9615**

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5630</u>		Registrar's No. <u>45</u>		
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lebanon T. S.</u>		c. LENGTH OF STAY (In this place) <input checked="" type="checkbox"/>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		d. STREET ADDRESS (If rural, give location) <u>649 N Monroe</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Rt. 2</u>				d. STREET ADDRESS (If rural, give location) <u>0530</u>				
3. NAME OF DECEASED (Type or Print) <u>Marie</u>			a. (First) _____		b. (Middle) _____		c. (Last) <u>Hansen</u>	
4. DATE OF DEATH <u>Mar. 15 1956</u>		(Month) _____		(Day) _____		(Year) _____		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 13 1877</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>James Hansen</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna Hansen</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		(If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Anderson</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>Immediate</u>		
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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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 <u>4-28</u> , 19 <u>36</u> , to <u>3-15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-9</u> , 19 <u>56</u> , and that death occurred at <u>1:30P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Paul A. Dentkins MD.</u> (Degree of title)				23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>17 May 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-17-1956</u>		REGISTRAR'S SIGNATURE <u>Beella S. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Palmer</u> ADDRESS <u>Lebanon Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

424-0

APR 23 1956

Received 3-26-56

Laclede County Health Unit

File No. 45

Date Filed 3-26-56

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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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.