

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21122

State File No.

No. 300
10.48

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5688 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin,</u>		c. CITY OR TOWN <u>Bucklin,</u>	d. Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>70 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Route #1,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elof</u> b. (Middle) _____ c. (Last) <u>Hanson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1956</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>Apr. 4, 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Skona, Sweden</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Peter Hanson</u>		13b. MOTHER'S MAIDEN NAME <u>Botilda Person</u>		14. NAME OF HUSBAND OR WIFE <u>Galiae Hanson (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-42-4889</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claudie Hanson, Bucklin, Mo.</u>	

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) <u>Coronary thrombosis</u>		ANTECEDENT CAUSES			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			
		DUE TO (c) <u>Hypertension</u>			
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 _____		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) <u>4201</u>	
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 _____, 19____, to 7-8, 1956 that I last saw the deceased alive on _____, 19____, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Hanson</u>		23b. ADDRESS <u>Masonville, Mo</u>		23c. DATE SIGNED <u>7-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bucklin, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>7-10-1956</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Larson Funeral Service, Bucklin, Mo.</u>	
By: <u>C. Larson</u> (Licensed Embalmer's Statement on Reverse Side)					

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

1670

1956 AUG 8

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..... *E. A. Larson*

Licensed Embalmer No. 4037

P. O. Address..... Bucklin, Miss

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.