

FILED AUG 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24141

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>344</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jasper</u>		b. CITY (If of a corporate entity, write AURAL and give town or township) <u>Joplin Mo</u>		c. LENGTH OF STAY (in this place) <u>6 da</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY OR TOWN <u>Joplin Mo</u>		c. LENGTH OF STAY (in this place) <u>6 da</u>		c. CITY OR TOWN <u>Sarsenic</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not a hospital or institution, give street address or location) <u>St. Johns Hosp</u>				STREET ADDRESS (If rural, give location) <u>mo</u> <u>0491</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Harry J. Hanson</u>			b. (Middle) _____			c. (Last) _____	
(Type or Print)			(Month) (Day) (Year)			8-7-56	
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>8-1-1868</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, such as retired) <u>Retired Bldg Contractor</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Flaster Denmark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Jergent Hanson</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Christensen</u>			13c. NAME OF HUSBAND OR WIFE <u>Jeanette Hanson</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <input checked="" type="checkbox"/>			15. SOCIAL SECURITY NO. _____			16. INFORMANT'S SIGNATURE OR NAME <u>Jeanette Hanson Sarsenic Mo</u>	
17. ADDRESS _____							
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>Duodenal ulcer</u>			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH			
Conditions contributing to the death but not related to the disease or condition causing death.				Approx. 1 hr. From 11-15-55 to the time of 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>332x</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 <u>11-15-55</u> , 19 <u>55</u> , to <u>8-7-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-6-56</u> , 19 <u>56</u> , and that death occurred at <u>0:40 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS _____		23c. DATE SIGNED <u>8/11/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation 8-4-56</u>		24b. DATE _____		24c. NAME OF FUNERAL DIRECTOR <u>Wm. H. Jackson</u>		24d. LOCATION (City, town, or county) (State) <u>Sarsenic Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-11-1956</u>		REGISTRAR'S SIGNATURE <u>Wool Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Jackson</u> ADDRESS <u>Sarsenic Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48526
C

Jasper County Health Officer
County File Number 52-8-65/
Date Filed April 2, 1956

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.....

Licensed Embalmer No.....

P. O. Address

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.