

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27748

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4373 Registrar's No. 207

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conception Jct. - rural | | c. CITY OR TOWN Conception Jct. | |
| c. LENGTH OF STAY (in this place) 20 yrs | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Family home | | f. STREET ADDRESS (If rural, give location) 4 miles west | |

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|--|----------------------------------|--|------------------------------|---|---|--|
| 3. NAME OF DECEASED (Type or Print) ANDREW | | a. (First) P. | b. (Middle) HANSEN | c. (Last) HANSEN | 4. DATE OF DEATH (Month) (Day) (Year) 9 2 56 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 2/17/98 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own account | | 11. BIRTHPLACE (City and State or Foreign Country) Council Bluffs, Iowa | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Nels Hansen | | 13b. MOTHER'S MAIDEN NAME Kathrine Kalstrup | | 14. NAME OF HUSBAND OR WIFE Opal Birkenholz Hansen | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 491-42-0833 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Andrew P. Hansen, Conception | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis to Colon, bladder, etc. DUE TO (c) | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH | |
| 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) 177A | |
| 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 Aug 31, 1956, to Sept. 2, 1956, that I last saw the deceased alive on Sept 2, 1956, and that death occurred at 2:15A m., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE A. J. Garton (Degree or title) D. O. | | 23b. ADDRESS Maryville, Missouri | | 23c. DATE SIGNED 9/4/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) buried | | 24b. DATE 9/5/56 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill | |
| 24d. LOCATION (City, town, or county) (State) Maryville, Missouri | | | | | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 28-56 | | REGISTRAR'S SIGNATURE Bess Hull | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

229

OCT 12 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..... *John W. Price*

Licensed Embalmer No. *428*

P. O. Address *Maryville*

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.