

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

32091

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7875**

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis, MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BISMARCK Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. PACIFIC HOSP.		Length of stay in ^{1b} 48 DAYS.	d. STREET ADDRESS (If outside, give location) P.O. BOX 241 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDWARD Middle - Last HASSEN			4. DATE OF DEATH Month 8 Day 16 Year 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-15-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PNR. SWITCHMAN, ST. LOUIS, MO.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 7 Days 29 IF UNDER 24 HRS. Hours - Min. -
11. BIRTHPLACE (City and state or county) LOUISVILLE, KTY.		12. CITIZEN OF WHAT COUNTRY? AMERICAN.	
13. FATHER'S NAME HASSEN, DAVID.		14. MOTHER'S MAIDEN NAME MARY UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. NONE		16. SOCIAL SECURITY NO.	
17. INFORMANT GILBERT HASSEN		Address FLAT RIVER, MO.	
18. CAUSE OF DEATH* (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MARKED EMACIATION - MULTIPLE CA METASTASIS. DUE TO (b) TRANSITIONAL CELL CARCINOMA OF BLADDER. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 18:15 Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-29-56 to 8-16-56 and last saw ^{her} him alive on 8-15-56 Death occurred at 4:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. F. Mol... (Type or title) M. D.		22b. ADDRESS MO. PAC. HOSPITAL	
22c. DATE SIGNED 8-23-1956			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-16-56	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Bismarck, MO.	
24. FUNERAL DIRECTOR SHIPMAN & SONS Phone 150 Bismarck, Missouri		25. DATE RECD. BY LOCAL REG. AUG 27 1956	
26. REGISTRAR'S SIGNATURE [Signature]			

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 N. Shyman*
Licensed Embalmer No. *48*

P. O. Address *Bismarck*

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.