

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3476**

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcadia, Kansas R.F.D. # 2		d. STREET ADDRESS (If rural, give location) Rural R.F.D. # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTINA			b. (Middle)		c. (Last) HANSEN		4. DATE OF DEATH (Month) (Day) (Year) 1-15-1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 30, 1871		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Port Dodge, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Peterson		13b. MOTHER'S MAIDEN NAME Emily Johnson		14. NAME OF HUSBAND OR WIFE George Hansen (Deceased)			
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gretina Phillips Arcadia, Mo.			
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) Acute Miocardial failure ANTECEDENT CAUSES Shock of collapse of the head and neck DUE TO (b) of Femur with penetration of Smith Petersen nail into the Acetabulum. DUE TO (c) Removal of same 2 days before death II. OTHER SIGNIFICANT-CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of Femur, Smith Petersen nail, 4 weeks ago. 9040					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 21					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Her home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Arcadia Kansas			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 1956		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in her home. 8:15			
22. I hereby certify that I attended the deceased from Jan. 7, 1957 , to Jan. 15, 1957 , that I last saw the deceased alive on Jan. 15, 1957 , and that death occurred at 10:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hollis B. Gray M.D.				23b. ADDRESS Moore Bldg., Nevada, Mo.		23c. DATE SIGNED -1-22-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-19-57	24c. NAME OF CEMETERY OR CREMATORY Mc Gill		24d. LOCATION (City, town, or county) (State) Arcadia, Kans Rural		
DATE REC'D BY LOCAL REG. 1-25-1957		REGISTRAR'S SIGNATURE Wm. E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE H. J. Moorehan Arcadia, Kans			

(Licensed Embalmer's Statement on Reverse Side)

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

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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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M. J. Mooneyhan

Licensed Embalmer No. 3616

P. O. Address Creedie, Kans

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.