

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 21 1957

'57 0 1 7 7 8 1  
STATE FILE NUMBER

Registration District No. 195

Primary Registration District No. 3036

Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b> <input checked="" type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Aurora</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Aurora</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1011 Park St.</b>		Length of stay in (b) <b>3 yrs.</b>	d. STREET ADDRESS <b>1011 Park St.</b> (If outside, give location) <b>0 55/0</b>		
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>J.</b> Last <b>Hanson</b>			4. DATE OF DEATH Month <b>May</b> Day <b>10</b> , Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 29, 1888</b>		9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Life Insurance</b>	11. BIRTHPLACE (City and state or county) <b>Lawrence County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13. FATHER'S NAME <b>Peter Hanson</b>			14. MOTHER'S MAIDEN NAME <b>Jane Hanson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT <b>Mrs. Rose Hanson, Aurora, Mo.</b> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis with fibrillation</b> <i>particular</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary sclerosis with thrombosis</b> DUE TO (c) <b>Generalized arteriosclerosis</b> 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 <b>few minutes</b> <b>2 months</b> <b>Not known</b>
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
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 <b>Mar 9, 1957</b> to <b>May 10, 1957</b> and last saw <b>her</b> alive on <b>May 7, 1957</b> . Death occurred at <b>4:06 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deegee or title) <b>Samuel L. Kelsey M.D.</b>			22b. ADDRESS <b>Aurora Mo.</b>		22c. DATE SIGNED <b>May 10, 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5/12/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel Cemetery</b>		23d. LOCATION (City, town, or county) <b>Berwyn, Ill.</b> (State)
24. FUNERAL DIRECTOR <b>O.L. Marsh Funeral Service, Aurora, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-11-57</b>		26. REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>	

MAY 22 1957

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 [Signature] Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3812

P. O. Address [Signature]

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.