

FILED AUG 27 1957

## STANDARD CERTIFICATE OF DEATH

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Washington twms</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Republic</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>Nevada State Hosp.</b>			Length of stay in 1b <b>2-2-2</b>		d. STREET ADDRESS (If outside, give location) <b>2390</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Gertrude</b> Middle <b>J.</b> Last <b>Hansen</b>				4. DATE OF DEATH Month <b>8</b> Day <b>21</b> Year <b>57</b>									
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 24, 1899</b>		9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>28</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>secretary</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and state or country) <b>Marshalltown, Iowa</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Nelson Hansen</b>				13b. MOTHER'S MAIDEN NAME <b>Cassie Olson</b>				14. NAME OF HUSBAND OR WIFE <b>-</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>496--03--5883</b>		17. INFORMANT <b>Admission papers.</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 Vessel Disease.</b>								INTERVAL BETWEEN ONSET AND DEATH <b>years</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Atheromatous Sclerosis.</b>								<b>years</b>					
DUE TO (c) <b>Pulmonary tuberculosis.</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201A</b>													
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>9:45</b> a.m. <b>9:45</b> p.m.			20d. INJURY OCCURRED WHILE AT <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>5-31-55</b> to <b>8-21-57</b> and last saw her/him alive on <b>8-21-57</b> Death occurred at <b>9:45 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>E. ALLEN PICKENS, M. D.</b>					22b. ADDRESS <b>State Hosp, Nevada, Mo.</b>			22c. DATE SIGNED <b>8-21-57</b>					
23a. BURIAL, CREMATION, or other (Specify) <b>Burial</b>		23b. DATE <b>8/23/1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>			23d. LOCATION (City, town, or county) (State) <b>Springfield Missouri</b>						
24. FUNERAL DIRECTOR <b>Centrell-Scott Republic, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>8-21-1957</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>							

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AUG 29 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....., Student Embalmer No..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed *William B. Central*.....

Licensed Embalmer No. *7820*.....

P. O. Address *Republic*.....

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.