

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31892
STATE FILE NUMBER
4137
Registrar's No.

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1002

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 E. 66th STREET		Length of stay in 1b 65 YEARS	d. STREET ADDRESS (If outside, give location) 14 EAST 66th STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MINNIE Middle C. Last HANSEN			4. DATE OF DEATH SEPTEMBER-1-1957 Month Day Year		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 22, 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEAUTICIAN	10b. KIND OF BUSINESS OR INDUSTRY HAIRZELDS Plaza STORE	11. BIRTHPLACE (City and state or country) KANSAS CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME HANS GEORGE HANSEN	13b. MOTHER'S MAIDEN NAME ANNA MARIE HANSEN	14. NAME OF HUSBAND OR WIFE
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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. 488-22-0630	17. INFORMANT HENRY HANSEN, 14 E. 66th St. KANSAS CITY, MO. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cachexia from Generalized Carcinoma Inoperable Carcinoma Hepatic Flexure 11-29-56 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Had 3 primary Malignancies DUE TO (c) Breast 1/2 yrs ago Rectum 5 yrs ago		INTERVAL BETWEEN ONSET AND DEATH 153X
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) I did Colostomy 11-56 for nonresectable tumor.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)	
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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
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21. I attended the deceased from 5-5-54 to 9-1-57 and last saw her alive on 9-1-57 Death occurred at 9-1-57 3:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Thomas M. Johnson, M.D.	22b. ADDRESS 310 W 47 KC, Mo	22c. DATE SIGNED 9-3-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 4-1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1337 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-4-57	26. REGISTRAR'S SIGNATURE Neva Minchell
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(Licensed Embalmer's Statement on Reverse Side)

THOMAS M. JOHNSON USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2917
7 Nov 13

29 Nov 13

KP
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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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. *493*

P. O. Address *K C M*

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.