

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32454**

BIRTH NO. _____ REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **4256** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN Kingsville
d. FULL NAME OF HOSPITAL OR INSTITUTION Holden Hospital & Clinic		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Kingsville, Missouri	

3. NAME OF DECEASED (Type or Print) EMELIA	a. (First)	b. (Middle) HANSEN	c. (Last)	4. DATE OF DEATH Sept. 12, 1957
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 9, 1877	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months 4 Days 3	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Sorby Torp, Sweden	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sven Olson	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Morton Hansen
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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. XXXX	17. INFORMANT'S SIGNATURE OR NAME John S. A. Hansen, Holden, Missouri	ADDRESS Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Cecum DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July**, 19**57**, to **Sept. 12**, 19**57** that I last saw the deceased alive on **Sept. 12**, 19**57**, and that death occurred at **3:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. W. Snowland D.D.	23b. ADDRESS Holden, Mo.	23c. DATE SIGNED 9-13-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sent 14, 1957	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.
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DATE REC'D BY LOCAL REG. 9-14-57	REGISTRAR'S SIGNATURE Mrs. G. V. Redford	25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp, Holden, Missouri.	ADDRESS
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

0566

15g

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 *M. L. Conroy*.....

Licensed Embalmer No. 3434.....

P. O. Address Holden, Missoula.....

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.