

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1957

STATE OF MISSOURI 39092

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 7

| | | | | | | | |
|---|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY BARRY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LAWRENCE | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR MONETT TOWN | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN PIERCE 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 ST VINCENTS | | | Length of stay in lb 19 DAYS | | d. STREET ADDRESS (If outside, give location) ELM ST | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MINIA Middle HANSARD Last BAER | | | | 4. DATE OF DEATH Month NOV Day 24 Year 1957 | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH SEPT-13-1869 | |
| 9. AGE (In years last birthday) 88 | | IF UNDER 1 YEAR Months 2 Days 11 | | IF UNDER 24 HRS. Hours Min | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) PIERCE CITY MO | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | | | | |
| 13. FATHER'S NAME JOHN HANSARD | | | | 14. MOTHER'S MAIDEN NAME NOT KNOWN | | | |
| 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. NONE | | 17. INFORMANT MRS. HENRY BADGER Address PIERCE CITY | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Bladder | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | |
| DUE TO (b) _____ | | | | | | | |
| DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Generalized & Cerebral Arteriosclerosis | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 _____ 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 3-11-55 to 11-24-57 and last saw her alive on 11-24-57 . Death occurred at 11:50 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE F. P. Edwards M.D. (Degree or title) | | | | 22b. ADDRESS Monett, Mo | | 22c. DATE SIGNED 11-29-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE NOV 27-1957 | | 23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY | | 23d. LOCATION (City, town, or county) (State) PIERCE CITY MO | |
| 24. FUNERAL DIRECTOR WILKS BROS ADDRESS PIERCE CITY | | | 25. DATE RECD. BY LOCAL REG. 12-2-57 | | 26. REGISTRAR'S SIGNATURE Mrs P. H. Cook | | |

BARRY COUNTY HEALTH UNIT
CAESVILLE, MO.

NO. 1257-219

DATE REC. 12-9-57

DEC 12 1957

FEB 7 1958

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, Edwin Wilks, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Prince City, Mo.

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.