. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47425
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 miles South — Length of stay in Ib 60 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 7 miles South (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anna Middle Marie Last Hanson
4. DATE OF DEATH Month December Day 14 Year 1957
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH February 2, 1872
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
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 country) Lykeby, Sweden
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Anders Olson
14. MOTHER'S MAIDEN NAME Josephine ~~Olson~~ (unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs. Frank Heimer, Lexington, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Sclerosis vascular — 3 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 December 12, 1957 to and last saw her alive on 12-12-57
Death occurred at 10:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE B. L. Payne (Degree or title) M.D.
22b. ADDRESS Lexington, Missouri
22c. DATE SIGNED 1-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12-17-57
23c. NAME OF CEMETERY OR CREMATORY Machpelah
23d. LOCATION (City, town, or county) (State) Lexington, Missouri
24. FUNERAL DIRECTOR Forest T. Temple ADDRESS Lexington Mo
25. DATE RECD. BY LOCAL REG. 1-27-58
26. REGISTRAR'S SIGNATURE Maurice E Eastabrook

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 29

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.