

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019133
State File No.

FILED JUN 9 1958

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) Maryville		c. LENGTH OF STAY (in this place, township) 3 wks.	c. CITY OR TOWN Conception Jct.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. STREET ADDRESS (If rural, give location) 3 miles northwest	

3. NAME OF DECEASED (Type or Print) a. (First) EDITH b. (Middle) GERTRUDE c. (Last) HANSEN			4. DATE OF DEATH (Month) (Day) (Year) 5 30 58		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/27/03	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days 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 Foreign Country) Tina, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Craill F. Newton		13b. MOTHER'S MAIDEN NAME Nettie Jeffers		14. NAME OF HUSBAND OR WIFE Lehman Hansen	
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'S SIGNATURE OR NAME Lehman Hansen, Conception Jct., Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 19 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritic anemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
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) 592X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12**, 19**58**, to **May 30**, 19**58**, that I last saw the deceased alive on **5:30**, 19**58**, and that death occurred at **3:15P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Bauman M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 6/2/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/58		24c. NAME OF CEMETERY OR CREMATORY Oak Hill	
				24d. LOCATION (City, town, or county) (State) Maryville, Missouri	

DATE REC'D BY LOCAL REG. 6-7-58		REGISTRAR'S SIGNATURE Bess Bolt		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo. ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clem M. Price*.....

Licensed Embalmer No. *1822*

P. O. Address *Maryville*.....

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.