THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020885
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 259

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL ~~OR INSTITUTION~~ Ellis Fischel State Cancer Hosp. — Length of stay in Hospital: 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Purdy 0050 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS Rte. #1 (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Grant Middle Daniel Last Hanson
4. DATE OF DEATH: Month June Day 14, Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 3, 1906
9. AGE (In years last birthday) 51 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? American
13a. FATHER'S NAME Gregg Hanson
13b. MOTHER'S MAIDEN NAME Dora Nelson
14. NAME OF ~~HUSBAND OR~~ WIFE Ruby Hanson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 711-14-6691
17. INFORMANT Hospital Records — Address Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the prostate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with generalized metastases
DUE TO (c) 177X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [X] 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 6-2-58, to 6-14-58 and last saw ~~her~~ him alive on 6-14-58
Death occurred at 6:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James K. Atterbury (Degree or title) M.D.
22b. ADDRESS State Cancer Hospital
22c. DATE SIGNED 6-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/16/58
23c. NAME OF CEMETERY OR CREMATORY Purdy Cemetery
23d. LOCATION (City, town, or county) Purdy (State) Missouri

24. FUNERAL DIRECTOR Lyman Sprinkle ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. June 14 1958
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 6 1959

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.