

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028085

STATE FILE NUMBER

FILED SEP 10 1958 Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY ANDREW				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Linn			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAVANNAH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mt. VERNON 8140		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 So. First St.				Length of stay in lb. 2 months		d. STREET ADDRESS (If outside, give location) UNKNOWN	
3. NAME OF DECEASED (Type or print) First William Middle Chris. Last HANSEN				4. DATE OF DEATH Month August Day 30 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 3, 1901	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 9 Days 2 Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) UNKNOWN				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Hansen				14. MOTHER'S MAIDEN NAME UNKNOWN			
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. 482-42-6869		17. INFORMANT Leota Hansen Address Savannah Mo			
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 occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary embolus. DUE TO (c) 4201							INTERVAL BETWEEN ONSET AND DEATH immediate
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 8:50 Month, Day, Year Aug 30, 1958							
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 Aug 30, 1958 to Aug 30, 1958 and last saw him alive on Aug 30, 1958 Death occurred at 8:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Chas. Maxwell, D.O., Coroner				22b. ADDRESS 307 W. Main, Savannah, Mo.		22c. DATE SIGNED 9/2/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 31, 1958		23c. NAME OF CEMETERY OR CREMATORY CLARENCE CEMETERY		23d. LOCATION (City, town, or county) (State) CLARENCE Iowa	
24. FUNERAL DIRECTOR Wm A. Rich ADDRESS Savannah Mo				25. DATE RECD. BY LOCAL REG. 9-2-58		26. REGISTRAR'S SIGNATURE William Sparks	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Wm A Rich*.....

Licensed Embalmer No. *4*

P. O. Address *Lasson*

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