

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037828

STATE FILE NUMBER

FILED OCT 30 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10061

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4385 Maryland Bernard Nursing Home		d. STREET ADDRESS (If outside, give location) 4385 Maryland	
Length of stay in 1b 37		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HELEN HANSEN			4. DATE OF DEATH Month Day Year 10-20-58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 14-1874
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Bradley Chapin	
13b. MOTHER'S MAIDEN NAME Emma		14. NAME OF HUSBAND OR WIFE XXXXXX	
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. none	
17. INFORMANT Frank Hansen		Address 687 Lexington, New York, N.Y.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0			INTERVAL BETWEEN ONSET AND DEATH Chronic
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.) NONE	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. NONE		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.) NONE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6/30/58 to 10/20/58 and last saw ^{per} _{him} alive on 7/23/58 Death occurred at 9:05 9:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ernest E. Weinaert M.D.		22b. ADDRESS 4385 MARYLAND	
22c. DATE SIGNED 10/20/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 10-21-1958		23c. NAME OF CEMETERY OR CREMATORY Cresco, Iowa	
23d. LOCATION (City, town, or county) (State) Cresco, Iowa		24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons 7233 Delmar	
25. DATE RECD. BY LOCAL REG. OCT 21 1958		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clarence J. Murray*

Licensed Embalmer No. *4051*

P. O. Address *St. Louis*

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.