THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041651
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10716

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis-Little Rock Hosp. Inc — Length of stay in 1b: 1 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mississippi
b. COUNTY
c. CITY OR TOWN: Corinth — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2202 Maple Rd. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Hamor; Middle: E.; Last: Hanson

4. DATE OF DEATH: Month: Nov.; Day: 6; Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 18, 1895
9. AGE (In years last birthday): 63 — 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): Terminal Trainmaster
10b. KIND OF BUSINESS OR INDUSTRY: GM&O Railroad
11. BIRTHPLACE (City and state or country): Jackson Co., Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sylvester Hanson
13b. MOTHER'S MAIDEN NAME: Harriet Etherton
14. NAME OF ~~HUSBAND OR~~ WIFE: Pearl Hanson

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.: 351-12-5602
17. INFORMANT: Pearl Hanson — Address: Corinth, Mississippi

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) Metastatic Carcinoma, Brain — INTERVAL BETWEEN ONSET AND DEATH: 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of lung — 6 mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 163x

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 Oct. 6, 1958 to November 6 1958 and last saw him alive on November 5, 1958
Death occurred at 7.00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: 1755 S. Grand Blvd.
22c. DATE SIGNED: 11-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11/7/58
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Murphysboro, Ill

24. FUNERAL DIRECTOR: Meyer, Denny Funeral Home — ADDRESS: Murphysboro, Ill.
25. DATE RECD. BY LOCAL REG.: NOV 7 '58
26. REGISTRAR'S SIGNATURE: Pearl Smith MD
MDB

(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.

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.

Not Embalmed

Student .....
Signature of Student Embalmer

Signed H. M. Duckworth

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.