

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006832

FILED VS MAR 9 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 102

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 3 wks.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Inside Limits Yes ☒ No ☐	
d. STREET ADDRESS 2510 N. Florida		(If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last Royle Howard Hansford		4. DATE OF DEATH Month Day Year February 23, 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3/13/1909
9. AGE (last birthday) 50 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Tire dealer	
11. BIRTHPLACE (City and state or country) Carthage, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edward F. Hansford		13b. MOTHER'S MAIDEN NAME Nora Kirby	
14. NAME OF HUSBAND OR WIFE Martha H. Hansford		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Martha H. Hanstord, Joplin, 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) Cardio-Vascular Renal Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			INTERVAL BETWEEN ONSET AND DEATH 12-19-42 12-19-42
19. WAS AUTOPSY PERFORMED? YES ☐ 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 12-19-42 to 2-23-60 and last saw her alive on 2-23-60 Death occurred at 2:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. R. Kuhn, Jr. M.D.		22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.	
22c. DATE SIGNED 2-26-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	23b. DATE Feb. 25, 1960	23c. NAME OF CEMETERY OR CREMATORY Oak Crest Abby Mausoleum Park Cemetery	
23d. LOCATION (City, town, or county) Carthage, Missouri		23e. DATE RECD. BY LOCAL REG. 3-3-1960	
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City, Mo.		26. REGISTRAR'S SIGNATURE Doree Merriman	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Gray Lee

Licensed Embalmer No. 4403

P. O. Address Wabbe C

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.