

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011519

STATE FILE NUMBER

FILED VS MAR 22 1960

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 53

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City	Length of stay in 1b 45 Years	c. CITY OR TOWN Webb City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 503 S. Oronogo St.		d. STREET ADDRESS (If outside, give location) 503 S. Oronogo St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Susana Middle Elizabeth Last Hanson			4. DATE OF DEATH Month March Day 18 , Year 1960		
5. SEX Female	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 10-1-89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Potosi, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James R. Smith		13b. MOTHER'S MAIDEN NAME Dollie Charboneau		14. NAME OF HUSBAND OR WIFE John L. Hanson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT John L. Hanson Address 503 S. Oronogo St. Webb City, 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) Myocarditis -		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Hypertensive Heart Disease		
DUE TO (c) Exacerbation from R.M. Ferguson M.D.		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year a.m. p.m.	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 _____ to _____ and last saw her/him alive on _____.
Death occurred at **1:05 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <i>Sweet</i>	(Degree or title) M.D.	22b. ADDRESS Webb City, Missouri	22c. DATE SIGNED 3-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-21-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Webb City, Mo.

24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Webb City, Mo.	25. DATE RECD. BY LOCAL REG. 3-19-60	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City

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