

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS NOV 28 1960

-60-241647

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1165

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b <b>60 yrs.</b>		c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Handley Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1035 S. New</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LILLY</b> <sup>First</sup> <b>BELLE</b> <sup>Middle</sup> <b>HANSON</b> <sup>Last</sup>				4. DATE OF DEATH Month <b>November</b> Day <b>17</b> Year <b>1960</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/24/1877</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>29</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Turner Station, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Robertson</b>			13b. MOTHER'S MAIDEN NAME <b>Ellen Gault</b>			14. NAME OF HUSBAND OR WIFE <b>Fred A. Hanson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No none</b>			16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>1035 S. New Fred A. Hanson, Springfield, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio-Vascular Disease</b> <b>Fractured Rt. Hip</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH	
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 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.) <b>Started to get in chair misad and fell on the floor</b>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <b>11 15 60</b>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Sunshine acres</b>		20f. CITY, TOWN, OR LOCATION <b>Springfield</b>		COUNTY <b>Greene</b>		STATE <b>Mo.</b>
21. I attended the deceased from <b>7:30 A.M. 11/15/60</b> to <b>11/17/60</b> and last saw her alive on <b>11/16/60</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Leman W. Brown MD</b>				22b. ADDRESS <b>311 1/2 College</b>			22c. DATE SIGNED <b>11/21/60</b>	
23a. BURIAL, CREMATION, or other disposition (Specify) <b>Burial</b>		23b. DATE <b>11/19/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Danforth Cenetry</b>		23d. LOCATION (City, town, or county) <b>Greene County,</b>		(State) <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Ralph Thieme,</b>		ADDRESS <b>1200 Soonville Spgfld, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>11-21-60</b>		26. REGISTRAR'S SIGNATURE <b>Effie B. Melton</b>		

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 Harold Tuttle

Licensed Embalmer No. 507

P. O. Address Spfd, Va

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