

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005949

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 73

FILED FEB 19 1962

| | | | | | | |
|---|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> | | Length of stay in 1b <u>6 days</u> | c. CITY OR TOWN <u>-----</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chas. E. Still Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>3 mi. N. W. of Swiss, Mo</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>AMANDA</u> Middle <u>HANSEN</u> Last <u>HANSEN</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>11</u> Year <u>1962</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Cau.</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/26/1869</u> | 9. AGE (last birthday) <u>92</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u> | 11. BIRTHPLACE (City and state or country) <u>RFD Hermann, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>US</u> | |
| 13a. FATHER'S NAME <u>George Haeffner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Mochel</u> | | 14. NAME OF HUSBAND OR WIFE <u>Carl Hansen</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>George Haeffner, RFD Hermann, Mo</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypostatic pneumonia</u> | | | | | <u>12 hrs.</u> | |
| DUE TO (c) <u>Fracture of left femur</u> | | | | | <u>3 weeks</u> | |
| 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 checked="" 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 <u> </u> a.m. <u> </u> Month, Day, Year <u> </u> | | 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 <u>January 9, 1962</u> to <u>Feb. 11, 1962</u> and last saw her <u>live</u> on <u>2/11/62</u> Death occurred at <u>8:28 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> | | | 22b. ADDRESS <u>Hermann, Mo.</u> | | 22c. DATE SIGNED <u>2/12/62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-14-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEMETERY</u> | | 23d. LOCATION (City, town, or county) (State) <u>Hermann, Mo</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Herman Blumer Inc Hermann, Mo</u> | | | 25. DATE RECD. BY LOCAL REG. <u>13 February 1962</u> | 26. REGISTRAR'S SIGNATURE <u>R.P. Davis, M.D. Richter</u> | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

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 me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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.