

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-039733

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 54

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 5 1962**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Pike</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Pike</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bowling Green</b>		c. CITY OR TOWN <b>Bowling Green</b>	
Length of stay in lb <b>2 months</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wilson &amp; Pike Co. Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. # 1</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
<b>STELLA ROSE HANSON</b>			<b>October 24, 1962</b>	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-4-83</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR	IF UNDER 24 HR
			Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-keeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and state or country) <b>Farmer, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Peter Hanson</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Irvin</b>	14. NAME OF HUSBAND OR WIFE <b>Never married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	17. INFORMANT Address <b>Rest Home record of admission</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	Peripheral Circulatory Collapse	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	4 hrs.
	Pulmonary Edema	
	DUE TO (c)	6 mos.
	Congestive Heart Failure	

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.)
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20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 7/2/62 to 10/25/62 and last saw her  alive on 10/14/62  
 Death occurred at 4:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Gene D. Diffe D.O.</i>	22b. ADDRESS <i>Bowling Green, Mo.</i>	22c. DATE SIGNED <i>10/25/62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-26-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Concord</b>	23d. LOCATION (City, town, or county) (State) <b>Bowling Green, R.R.1, Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Harold Kirks, Bowling Green, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-26-1962</b>	26. REGISTRAR'S SIGNATURE <i>Maidee C. Williams</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 AMENDED  
 SHOULD READ  
 ITEM NO.

VS 300	Rev. 4/59
10821	
20820	
3	
4	1
5	0
6	
7	0
8	2
9434.1	
10	
11	
1286-2	
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

No Permit issued  
Mailee E. Williams  
Local Registrar

**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

*Harold Kirk*

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.