

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047941

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 61

VS 300  
Rev. 4/59

1 0821  
2 0820

3 2

4 0

5 0

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7 1

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9434H

10

11

12 86-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

<p><b>FILED DEC 19 1962</b></p> <p>1. PLACE OF DEATH a. COUNTY <b>Pike</b></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Pike</b></p>				
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bowling Green</b></p>		<p>Length of stay in 1b <b>11 Months</b></p>	<p>c. CITY OR TOWN <b>Curryville</b></p>	<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pike County Rest Home</b></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location)</p>		<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) <b>Fred Elmer Hansen</b></p>			<p>4. DATE OF DEATH <b>December 5, 1962</b></p>			
<p>5. SEX <b>Male</b></p>	<p>6. COLOR OR RACE <b>White</b></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <b>2-20-1884 78</b></p>	<p>9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <b>Tingley, Iowa</b></p>		<p>12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b></p>
<p>13a. FATHER'S NAME <b>Peter Hansen</b></p>			<p>13b. MOTHER'S MAIDEN NAME <b>Riley Foster</b></p>		<p>14. NAME OF HUSBAND OR WIFE <b>None</b></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>		<p>16. SOCIAL SECURITY NO. <b>None</b></p>	<p>17. INFORMANT Address <b>Mexico, Mo.</b> <b>Mrs. Geo. Branstetter, 1425 West St</b></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>IMMEDIATE CAUSE (a) <b>Acute Peripheral Circulatory Collapse.</b></p>					<p><b>15 Min.</b></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>					<p><b>2 hrs.</b></p>	
<p>DUE TO (b) <b>Pulmonary Edema</b></p>					<p><b>48 hrs.</b></p>	
<p>DUE TO (c) <b>Congestive Heart Failure</b></p>					<p></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Intra-abdominal malignancy-primary site undetermined</b></p>					<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m.</p>	<p>Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>	<p>STATE</p>	
<p>21. I attended the deceased from <b>1/3/62</b>, to <b>12/5/62</b> and last saw him alive on <b>11/24/62</b> Death occurred at <b>12:40 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) <i>John R. Williams</i></p>			<p>22b. ADDRESS <b>214 W. Church, Bowling Green, Mo.</b></p>		<p>22c. DATE SIGNED <b>12/7/62</b></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b></p>		<p>23b. DATE <b>12-6-62</b></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <b>New Harmony Cemetery</b></p>		<p>23d. LOCATION (City, town, or county) (State) <b>Pike Co., Missouri</b></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <i>William R. Water</i></p>			<p>25. DATE RECD. BY LOCAL REG. <b>12-12-1962</b></p>		<p>26. REGISTRAR'S SIGNATURE <i>Maidee B. Williams</i></p>	

USE BLACK INK OR TYPEWRITER RIBBON

*no permit issued*

*Maiden 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 *William B. Waters*

Licensed Embalmer No. *4169*  
P. O. Address *Vandalia, Missouri*

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.