

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37185**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3506		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Clinton		c. LENGTH OF STAY (In this place) all life		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Clinton twsp.		d. STREET ADDRESS (If rural, give location) R.R. #4 Clinton	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #4 Clinton, Mo.				d. STREET ADDRESS (If rural, give location) R.R. #4 Clinton			
3. NAME OF DECEASED (Type or Print) a. (First) Darrell			b. (Middle) Anthony		c. (Last) Hanson		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec 15, 1939		9. AGE (In years last birthday) 14	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 YRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) School child		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Corder, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Hanson		13b. MOTHER'S MAIDEN NAME Thelma Hammond		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma Church Clinton ADDRESS Clinton, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer Crest of R. Ilium DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 mo 7 mo	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May , 19 54 , to Dec 7 , 19 54 , that I last saw the deceased alive on Dec 4 , 19 54 , and that death occurred at 2 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. J. Powell, M.D.				23b. ADDRESS Clinton mo		23c. DATE SIGNED 12-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 9, 1954	24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton, Missouri		
DATE REC'D BY LOCAL REG Dec 9-54		REGISTRAR'S SIGNATURE Florence O. Adams		25. FUNERAL DIRECTOR'S SIGNATURE E. Conner ADDRESS Clinton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Eugene R. Conner*

Licensed Embalmer No. *4680*

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.