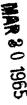
				ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	
DO NOT WRITE	DEPARTMENT OF			Primary Registration District NoRegistrat's NoRegistrat's No	MBER
VS 300			[1. PLACE OF DEATH a. COUNTY BOLLINGE 2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE b. COUNTY BOLLING B. COUNTY B.	Residence before
Rev. 4/59	AENDI		-	b. CITY (If outside corporate limits, give TOWNSHIP anly) Length of stay in 1b c. CITY OR TOWN MARBLE Hith At LEE TOWN MARBLE Hith	Inside Limits Yes No
10090	DATE AMENDED			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits HOSPITAL OR ADDRESS (If curside, give location) Ver CI No M	Reside on Farm
20090		+	ı	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day	Year
-4 0			ı	(Type or print) JOHN FRANKLIN HANSEN DEATH MARCH 15	1965
5 /			ı	5. SEX 6. COLOR OR RACE 7. Married Never Married B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAF Widowed Divorced Divorce	Hours Min.
6	<u> </u>		J	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF during most of working life, even if retired) Work Hill Mo 11. 5	WHAT COUNTRY
70	FOLLOW		ı	136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 15. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE	_
82	2		ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no of unknown) (If yes, give we or dates of service)	10 11-00
	ARE		<u> </u>	1 18. CAUSE OF DEATH (Enter only, one cause per line for (a), (b), and (c).	ITERVAL BETWEEN NSET AND DEATH
_ 	•		DOCUMEN	IMMEDIATE CAUSE (a) Uremia	nonth
11 12 50 6	EAD		ğ	Conditions, if any, DUE TO (b) pyelonephritis	40. +
13 /-0	INST			which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	
1	5				was female was ncy in last 90 days
1	Z			19. WAS AUTOPSY 208. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II	
	AMENDMEN			PERFORMED? U	
V NO	AW		ł	20c. TIME OF Houl Month, Day, Year INJURY s.m. p.m.	
USE BLACK INK OR PEWRITER RIBBON				20d INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK AT	STATE
A B E E	READ		ı	21. I attended the deceased from 2/15/63 , to 1/5/65 and last saw him alive on 1/5/65	
ä β WR				Seath occurred at	
USE BLACH OR TYPEWRITER	SHOULD		Ĭ P	Should middle M.D. 226. ADDRESS 210 Christine Cape Gir. Mo	
\(\)	Š	11	AFFIDAVIT	236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BUYIAL 3-17-65 BOLLINGER CO. Mem. LUTESVILLE	(State)
	8		ΥAF	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	1. 1.
I	=		۳Ļ	(Licensed Embalmer's Statement on Reverse Side)	<u> Janes</u>



RESTATEMENT BY LICENSED EMBALMER

or by	nal me body whose name is re	corded on the reverse side of this certificate was embalmed by me,
vorking under my perso	nal supervision.	Office al Sile
studentSignatu	ore of Student Embalmer	Licensed Embalmer No. 5086
*c\.\?\	2000 C	P. O. Addres Letertille Mc

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.