.S. No. 300
EV. 10.48

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

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20050

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Iron Twsp.
c. LENGTH OF STAY (In this place): 32
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles southwest of Graniteville, 4 mi. S.W. of Graniteville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Iron Twsp. 0470
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Alphonse
b. (Middle):
c. (Last): Hansberger

4. DATE OF DEATH (Month) (Day) (Year): June 6 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Aug. 30 1876
9. AGE (In years last birthday): 73 — If under 1 year: Months 9 Days 6 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alsace Loraine 5
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Philomene Hansberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Carl Rieck, Middlebrook Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteio-Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Aortic regurgitation — 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3 *1950, to* June 6, *1950, that I last saw the deceased alive on* June 4, *1950, and that death occurred at* 11.15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. W. Fitzpatrick M.D.
23b. ADDRESS: Lesterville Mo
23c. DATE SIGNED: 6/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 6-8-50
24c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park,
24d. LOCATION (City, town, or county) (State): Ironton Mo.

DATE REC'D BY LOCAL REG.: June 14-1950
REGISTRAR'S SIGNATURE: Mrs Elizabeth Logan 129 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Ironton Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 17 1950

DISTRICT HEALTH OFFICE No. 1

File No. 650-297

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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Lucy J. White

Signed .....
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Groton Mass

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.