

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004744

STATE FILE NUMBER

FILED FEB 25 1958

Registration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <u>Hubbel Township</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR <u>Near Gordonville</u> <u>68 yrs.</u> INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY OR TOWN <u>Gordonville</u> <u>0160</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm <u>1 mile North of</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Martin</u> Middle <u>Peter</u> Last <u>Hanschen</u> <u>Gordonville</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			
8. DATE OF BIRTH <u>Nov. 10, 1889</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (City and state or country) <u>Gordonville, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13. FATHER'S NAME <u>Peter Hanschen</u>			
14. MOTHER'S MAIDEN NAME <u>Louise Meirhoff</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>188-16-9204</u>		17. INFORMANT Address <u>Edward Hanschen Gordonville, Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Anoxia -</u> <u>Skull Fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>Axe injury -</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9131</u> <u>3</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		20a. ACCIDENT <input checked="" 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.) <u>Axe injury - self inflicted while cutting fire on Pond -</u>							
20c. TIME OF INJURY Hour <u>10</u> Month <u>2</u> Day <u>17</u> Year <u>58</u> P. M. <u>a. m.</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>					
20e. CITY, TOWN, OR LOCATION <u>GORDONVILLE</u>		20f. COUNTY <u>CAPE</u>		20g. STATE <u>MO.</u>			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>A. T. Schrader D.O.</u>				22b. ADDRESS <u>Cape Girardeau</u>			
22c. DATE SIGNED <u>2/18/58</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/20/58/</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Christ Lutheran Cemetery</u>			
23d. LOCATION (City, town, or county) (State) <u>Gordonville, Mo.</u>							
24. FUNERAL DIRECTOR <u>C. J. Loring</u>			25. DATE RECD. BY LOCAL REG. <u>Feb. 24, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>		

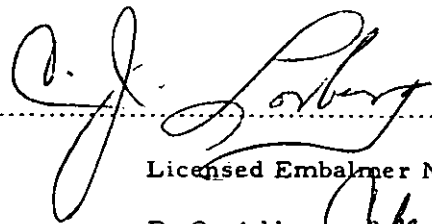
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 38

P. O. Address. Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.