

7 FILED NOV 20 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35863
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
(b) Township Walker Primary Registration District No. 5769
(c) City or _____ (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
_____ yrs. mo. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mo. ds.

2. PRINT FULL NAME Wilmoth Anna Priestack

(a) Residence, No. Monteau County, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John E. Priestack</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1861</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>8</u>	DAYS <u>19</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co., Mo.</u>	
FATHER	13. NAME <u>Hampton Don Carlos</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
MOTHER	15. MAIDEN NAME <u>Do not know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
17. INFORMANT (ADDRESS) <u>B.R. Schuster California, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moniteau Cemetery</u> DATE <u>Oct 15</u> , 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. W. Wilson & Son California, Mo.</u>		
20. FILED <u>10-19-</u> , 1940 <u>H.R. Poppey</u> <u>5</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1940 to Oct. 13, 1940
I last saw her alive on Oct. 2, 1940. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Date of onset _____

Other contributory causes of importance:
Fracture of hip Oct. 2

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. G. Denison M.D.
(Address) California, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *A. E. Wilson*

Licensed Embalmer No. *2357*

P. O. Address. *California, Me.*

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35863**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **371**

Primary Registration District No. **5769**

Registrar's No. _____

MAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Walker
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Wilmoth Ann Griesbach

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year _____ hour _____ minute _____ M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____; that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis Duration _____

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 19 If less than one day hr. min.

Due to _____

Due to _____

9. Birthplace (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) fracture of hip

10. Usual occupation _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant (b) Address

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct. 9 - 1960

(c) Where did injury occur? Moniteau Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In yard at her home
While at work? yes (Specify type of place) (e) Means of injury Fall

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director (b) Address

23. Signature H. G. Banion (M.D. or other) D.O.

Address California, Mo. Date signed 12/14/60

SUPPLEMENTAL

RITE PL