

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22409

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6286 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN GROVE, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN GROVE, WOOD TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural-Wood Twp		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MARIE c. (Last) RALSTON			4. DATE OF DEATH (Month) (Day) (Year) JUNE 15 1949		
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5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 3, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 12	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (State or foreign country) MARAVIA IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME CHARLES DEYO	13b. MOTHER'S MAIDEN NAME SARAH CHESTER	14. NAME OF HUSBAND OR WIFE ABRAHAM RALSTON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Abraham Ralston Mountain Grove, Mo	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Augustine Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 45 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza (in 1918)		
	DUE TO (c) Myocardial Degeneration		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4222

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 1 -**, 1949, to **June 12**, 1949, that I last saw the deceased alive on **June 14**, 1949, and that death occurred at **11:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. H. Frame M. D. (Degree or title)	23b. ADDRESS Mountain Grove, Mo	23c. DATE SIGNED 6-15-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-18-49	24c. NAME OF CEMETERY OR CREMATORY SWEEDISH	24d. LOCATION (City, town, or county) (State) MTN GROVE, MO.
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DATE REC'D BY LOCAL REG. 6-17-49	REGISTRAR'S SIGNATURE A. B. Ames	348	25. FUNERAL DIRECTOR'S SIGNATURE GRABLE-WINDLE	ADDRESS MTN GROVE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 649-702

Date Filed 6-22-49

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wm. Brown, 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.