

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27729

94
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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived, if applicable; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>94</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>714 Blue St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>714 Blue St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>	b. (Middle) <u>or</u>	c. (Last) <u>ANCY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1949</u>
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5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 18, 1867</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR (Month) (Day) <u>7 11</u>	11. UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew Sisko</u>	13b. MOTHER'S MARDEN NAME <u>Anna Terrasovito</u>	14. NAME OF HUSBAND OR WIFE <u>John Ancy</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mike Ancy</u>	ADDRESS <u>Bonne Terre Mo</u>
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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) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>42:00</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)	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 Aug 19 1949, to Aug 29 1949, that I last saw the deceased alive on Aug 27 1949, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Taylor, M.D.</u> (Degree or title)	23b. ADDRESS <u>Bonne Terre, Mo</u>	23c. DATE SIGNED <u>8-30-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 31, 1949</u>	REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin Hubbs</u>	ADDRESS <u>Bonne Terre Mo</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 9-6-49

Sanitary Health Officer No. 4

Sanitary File Number 949-1175

Date Filed.....

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 *Clarence J. Claywell*

Licensed Embalmer No. 3706

P. O. Address *Brownsville, 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.