

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31014

FILED OCT 13 1949

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 108

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Ill.</u> b. COUNTY <u>Adams 941</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Hudson Unknown</u>		c. LENGTH OF STAY (in this place) <u>Unknown</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy, Ill.</u>		11
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Stiel-Hildreth San.</u>			d. STREET ADDRESS (If rural, give location) <u>2234 Main</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>S.</u> c. (Last) <u>Calkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 5 1949</u>		
5. SEX <u>f.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>W</u>	8. DATE OF BIRTH <u>Dec. 12, 1869</u>	9. AGE (In years last birthday) <u>79</u>	10. IF UNDER 1 YEAR <u>8</u> Months <u>18</u> Days
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>Quincy, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Francis D. Schermethorn</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Addison Calkins</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Calkins</u> ADDRESS <u>Pittsburg, Pa.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>4500</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Mar 16</u> , 1949, to <u>Sept 5</u> , 1949, that I last saw the deceased alive on <u>Sept 5</u> , 1949, and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Anna L. Mauck</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>9-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>9/5/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Mausoleum</u>	24d. LOCATION (City, town, or county) (State) <u>Quincy, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>10/6/49</u>	REGISTRAR'S SIGNATURE <u>Walter McNeely</u> 185		FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skunk</u>		ADDRESS <u>Macon Mo</u>

APR 3 1950

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RECEIVED 10/10/49  
MACON CO HEALTH DEPT  
COUNTY FILE No. 10149/17  
DATE FILED 10/11/49

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 Albert S. Keenan

Licensed Embalmer No. 75-1

P. O. Address MACON 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.