

FILED OCT 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33252**

BIRTH NO. _____ REG. DIST. NO. **386** PRIMARY REG. DIST. NO. **4082** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print), a. (First) ANNA b. (Middle) VIOLA c. (Last) Colostadt			4. DATE OF DEATH (Month) (Day) (Year) Oct 14, 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH JAN 4, 1887
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work	11. BIRTHPLACE (State or foreign country) Granger, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Olie Colostadt		13b. MOTHER'S MAIDEN NAME MARY ANDERSON	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Garnet Musser Bogard ADDRESS Mo
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Starvation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Alimentia Præcox DUE TO (c) Carcinoma of Rectum & Colon 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"/>		INTERVAL BETWEEN ONSET AND DEATH 3 months 10 year ??? 1948	
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) m.	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 Sept , 1948, to Oct. 14 , 1949, that I last saw the deceased alive on Oct. 14 , 1949, and that death occurred at 9:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Edward L. Smith M.D.		23b. ADDRESS 9037 Main Carrollton, Mo	23c. DATE SIGNED 10-15-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-16-49	24c. NAME OF CEMETERY OR CREMATORY BLACK OAK	24d. LOCATION (City, town, or county) (State) GRANGER MO
DATE REC'D BY LOCAL REG. Oct 16-49	REGISTRAR'S SIGNATURE Emmie Street	25. FUNERAL DIRECTOR'S SIGNATURE EA Decker ADDRESS Bogard Mo	

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

RECEIVED OCT 18
District Health Officer No. 3
District File Number
Date Filed 10-19-49

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

E. L. Anderson

Licensed Embalmer No.

2534

P. O. Address

Boquon, 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.