

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36502**

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 384

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fulton</u> | |
| c. LENGTH OF STAY (in this place) <u>2 weeks</u> | | d. STREET ADDRESS (If rural, give location) <u>R. F. D. #2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Belle</u> c. (Last) <u>Annett</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26 1949</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 8, 1872</u> |
| 9. AGE (In years last birthday) <u>77</u> | | IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 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>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>George W. Dawson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nannie Petty</u> | |
| | | 14. NAME OF HUSBAND OR WIFE <u>Roy Annette</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Roy Annette, R.F.D. #2, Fulton, Mo.</u> ADDRESS <u></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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Cancer of Liver</u> ANTECEDENT CAUSES <u>Breast Cancer</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension & Diabetes</u> 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 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) (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 <u>4/19 1949</u> , to <u>11-26 1949</u> , that I last saw the deceased alive on <u>11/25, 1949</u> , and that death occurred at <u>3:58 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>George J. Wood</u> (Degree or title) | | 23b. ADDRESS <u>Fulton Mo.</u> | |
| | | 23c. DATE SIGNED <u>11-26-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/27/1949</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Central</u> | | 24d. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov 26 1949</u> | | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426 | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Omaria F. ...</u> ADDRESS <u>Fulton</u> | |

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

District File Number
District Health Officer No. 9,
NOV 28 1949

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 Walter J. Hainy, Jr.
Licensed Embalmer No. 4557
P. O. Address Fulton, 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.