

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38341

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>502 No Moulton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>							
3. NAME OF DECEASED (Type or Print) <u>Sol</u>		a. (First)		b. (Middle)		c. (Last) <u>Ankrom</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 3<sup>rd</sup> 1866</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR</u>		9. AGE (In years last birthday) <u>83</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
13a. FATHER'S NAME <u>Austin Ankrom</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Conkle M</u>		14. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maggie Ankrom</u>		ADDRESS <u>Kansas City Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE, chronic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arterio-sclerosis</u>				<u>5 yrs</u>			
DUE TO (c) <u>Uremia</u>				<u>1 week</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>43700</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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>Nov 1, 1949</u> , to <u>Nov 23, 1949</u> , that I last saw the deceased alive on <u>Nov 22, 1949</u> , and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry K Barker M.D.</u>				23b. ADDRESS <u>Wabash Hospital, Moberly</u>		23c. DATE SIGNED <u>Nov 24, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 25<sup>th</sup> 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-25-49</u>		REGISTRAR'S SIGNATURE <u>Leah W Lowy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Low</u>		ADDRESS <u>Moberly Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NOV 28 1949

District Health Officer No.

District File Number 11-49-11

Date Filed 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Frank D. Dr. Wilt

Licensed Embalmer No. 3021

P. O. Address Moorely 9

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.