

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14088
Registrar's No. 21

BIRTH NO. _____		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 5950		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Hartford		c. LENGTH OF STAY (In this place) 45 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Hartford			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural - 6 mi N. E. Middletown				d. STREET ADDRESS (If rural, give location) 6 mi. N. E. Middletown, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) MAE		b. (Middle) LEONA		c. (Last) ANKROM		4. DATE OF DEATH (Month) (Day) (Year) Apr. 13 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 13, 1882	
9. AGE (In years last birthday) 68		10. AGE (In years last birthday) 68		11. BIRTHPLACE (State or foreign country) Montgomery County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME J. E. Reed		13b. MOTHER'S MAIDEN NAME Mary T. Taylor		14. NAME OF HUSBAND OR WIFE J. W. Ankrom			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME J. W. Ankrom, Middletown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of lung, liver. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs. 163X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 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 June 20, 1947, to 4/13, 1950, that I last saw the deceased alive on 4/11, 1950, and that death occurred at 1:00 p. m., from the causes and on the date stated above.							
23a. SIGNATURE a. Hutchins m. Du				23b. ADDRESS Middletown, Mo.		23c. DATE SIGNED 4/14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/15/50		24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery		24d. LOCATION (City, town, or county) (State) Middletown, Monts. Missouri	
DATE REC'D BY LOCAL REG. 4-15-50		REGISTRAR'S SIGNATURE Bill Robinson 254		25. FUNERAL DIRECTOR'S SIGNATURE B. B. Kells Shelbyville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 18 1950

District Health Officer No. 1

District File Number 4-20

Date Filed APR 18 1950

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 Self

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed M. B. Kells

Licensed Embalmer No. 150-88

P. O. Address Killbuckville, 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.