

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24119

State File No. \_\_\_\_\_  
Registrar's No. 33

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MONROE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MONROE CITY</u> <u>1690</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>304 S. OAK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 SOUTH OAK ST</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>ANNA</u>	b. (Middle) <u>E</u>	c. (Last) <u>LOUDERBACK</u>	(Month) <u>JULY</u>	(Day) <u>24</u>	(Year) <u>1950</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>FEBRUARY 8<sup>TH</sup> 1860</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 2 HRS. Days <u>10</u>	IF UNDER 2 HRS. Hours <u></u>	IF UNDER 2 HRS. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>			11. BIRTHPLACE (State or foreign country) <u>McDONOUGH COUNTY ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Marcena Twaddle</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MULLEN</u>	14. NAME OF HUSBAND OR WIFE <u>A.J. LAUDERBACK</u>
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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>Ellen Mae Jackson</u>	ADDRESS <u>Monroe City Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>  <u>5 yrs</u>  <u>33 1/2</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 24, 1950 to July 24, 1950 that I last saw the deceased alive on July 24, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George Jackson MD</u>	(Degree or title)	23b. ADDRESS <u>Monroe City, Mo</u>	23c. DATE SIGNED <u>7-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Hunnell Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-29-50</u>	REGISTRAR'S SIGNATURE <u>Anna M. Burditt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson &amp; Sons</u>	ADDRESS <u>Monroe City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6691

SEP 7

RECEIVED JUL 31 1950  
District Health Officer No. 10  
District File Number 8-50-1256  
Date Filed AUG 4 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.