

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4285 State File No. 27429

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 566 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAYWOOD 1560	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print), ANNIE	a. (First)	b. (Middle) -	c. (Last) VANARSDALL	4. DATE OF DEATH (Month) (Day) (Year) 9 4 1950
--	------------	---------------	----------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 4. 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours -	Min. -
---------------	------------------------	--	-------------------------------	------------------------------------	--------------------------	--------------------------	--------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LEWIS COUNTY	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	----------------------------------

13a. FATHER'S NAME FRANK BIRCHFIELD	13b. MOTHER'S MAIDEN NAME MARY DYLL	14. NAME OF HUSBAND OR WIFE DANIEL VANARSDALL
-------------------------------------	-------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Edward F. Birchfield	ADDRESS Maywood
--	-------------------------	--	-----------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 20 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina Pectoris		
	DUE TO (c) Arteriosclerosis generalised		
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"/>
------------------------	----------------------------------	--

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 1949, to 4 Sept, 1950, that I last saw the deceased alive on 1 Sept, 1950, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Hamilton M.D.	23b. ADDRESS Palmyra Mo.	23c. DATE SIGNED 5 Sept 1950
--	--------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/6/1950	24c. NAME OF CEMETERY OR CREMATORY Maywood	24d. LOCATION (City, town, or county) (State) Maywood Mo.
--	--------------------	--	---

DATE REC'D BY LOCAL REG. 9/10/50	REGISTRAR'S SIGNATURE P. W. Jennings M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. J. Jones	ADDRESS Lewis & Clark
----------------------------------	---	--	-----------------------

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

Date Received: **SEP 11**  
DISTRICT HEALTH OFFICE  
District File Number **9-5**  
Date Filed: **SEP 12 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 *M. S. [Signature]*

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

working under my personal supervision.

Signed .....  
Student Embalmer

Signed

*James Aloder*

Licensed Embalmer No.

*2532*

P. O. Address

*Lewisstown Pa.*

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.