

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29174
34

BIRTH NO.		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6179		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pollock		c. LENGTH OF STAY (in this place) 79 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pollock		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Christian		b. (Middle) C		c. (Last) Anspach	
4. DATE OF DEATH		8 - 7 - 1950		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		1 married		8. DATE OF BIRTH 2-14-1871		9. AGE (in years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cage Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pollock - Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME John P. Anspach		13b. MOTHER'S MAIDEN NAME Emeline Slosser		14. NAME OF HUSBAND OR WIFE Maud Anspach			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Shelby Anspach			
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) Gangrene of left foot Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolism of artery DUE TO (c) Ulcers of left leg II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 year 7 years 455X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 2, 1950, to Aug 7, 1950, that I last saw the deceased alive on Aug 7, 1950, and that death occurred at 7A m., from the causes and on the date stated above.							
23a. SIGNATURE Chas. L. Judd, D.O.		23b. ADDRESS Unionville Mo		23c. DATE SIGNED 8/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-9-50		24c. NAME OF CEMETERY OR CREMATORY Graceland Cem.		24d. LOCATION (City, town, or county) (State) Pollock - Mo	
DATE REC'D BY LOCAL REG. Aug. 12-1950		REGISTRAR'S SIGNATURE Mrs. H. B. Hamer		25. FUNERAL DIRECTOR'S SIGNATURE Schweine		ADDRESS Hulan Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 15 1951

RECEIVED AUG 15 1950
District Health Officer No. 10
District File Number 8-50-1317
Date Filed AUG 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Dwight Schenck

Licensed Embalmer No. 2667

P. O. Address Milan 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.