

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

513

State File No.

FILED FEB 13 1951

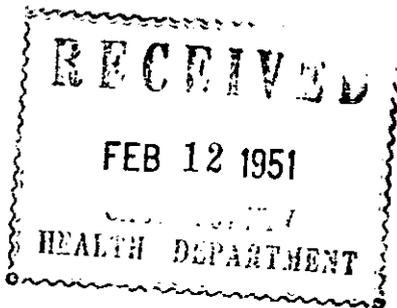
BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4103 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Cass</u> <u>Cleveland-MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Town Cleveland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland mo.</u>	
c. LENGTH OF STAY (In this place) <u>6 months</u>		d. STREET ADDRESS (If rural, give location) <u>Cleveland Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cleveland mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna Laura</u> b. (Middle) _____ c. (Last) <u>Imman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-10-1868</u>
9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A</u>
13a. FATHER'S NAME <u>Wash Hudson</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John Andrew Imman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. H. Imman</u> ADDRESS <u>Cleveland Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis & general senility</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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) _____	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>Sept 1, 1950</u> , to <u>Feb 3, 1951</u> , that I last saw the deceased alive on <u>Feb 3, 1951</u> , and that death occurred at <u>6:30 p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Print or Title) <u>[Signature]</u>		23b. ADDRESS <u>Louisburg, Kansas.</u>	23c. DATE SIGNED <u>2-7-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Union</u>	24d. LOCATION (City, town, or county) (State) <u>4 1/2 miles N-E. Cleveland Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 7, 1951</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FEDERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u> ADDRESS <u>Cleveland Mo.</u>

(If used Embalmers' Statement on Reverse Side)

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

0190



MAR 14 1952

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 _____

George E. Myers

Signed.....
Student Embalmer

Licensed Embalmer No. 25-17

P. O. Address. Cleveland 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.