

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5316

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4316 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>MAEON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>MAEON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEW CAMBRIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW CAMBRIA 0610</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED. (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>W.</u> c. (Last) <u>ANSPACH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1951</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 6, 1861</u>
9. AGE (in years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Adair Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>JAMES ANSPACH</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MAHURON</u>	
14. NAME OF HUSBAND OR WIFE <u></u>		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></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Muriel E. Hayes</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Burly pneumonia</u>		
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 Feb 2, 1951, to Feb 4, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. A. Driehess</u>	23b. ADDRESS <u>Buehler no.</u>	23c. DATE SIGNED <u>2-5-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/7/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glendon Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Ethel, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>2/6/1951</u>	REGISTRAR'S SIGNATURE <u>Josephine King</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>	ADDRESS <u>Ethel, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0610

RECEIVED 3.7.51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 3.51.44  
Date Filed 3.7.51

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 \_\_\_\_\_

Licensed Embalmer No. 4037

P. O. Address \_\_\_\_\_  
Ducklin, 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.