

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7404

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5013 Registrar's No. 25

1. PLACE OF DEATH  
a. COUNTY ANDREW  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FILLMORE-RURAL  
c. LENGTH OF STAY (in this place) OR TOWN 2 YRS. 7MO  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY HOLT  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON-RURAL 8440  
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)  
a. (First) ANNA b. (Middle) CAROLINE c. (Last) IDDINGS  
4. DATE OF DEATH (Month) (Day) (Year) FEB. 25 1951

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED  
8. DATE OF BIRTH DEC. 26, 1852 9. AGE (In years last birthday) 98 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours IF UNDER 24 MIN. 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) GREEN OAK, PENNA. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRISTIAN WAEGLE 13b. MOTHER'S MAIDEN NAME ANNA MARIE 14. NAME OF HUSBAND OR WIFE JAMES IDDINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME MRS. MANFORD PRAISEWATER ADDRESS FILLMORE, MO.

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Atypical Pneumonia  
ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 7 days  
492 X

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 Feb 18 1951, to Feb 25 1951, that I last saw the deceased alive on Feb. 25, 1951, and that death occurred at 2 P. M., from the causes and on the date stated above.

23a. SIGNATURE M. S. Helleday M.D. (Degree or title) 23b. ADDRESS FILLMORE MO 23c. DATE SIGNED 2-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE FEB. 27, 1951 24c. NAME OF CEMETERY OR CREMATORY MABLE GROVE 24d. LOCATION (City, town, or county) (State) OREGON, MO.

DATE REC'D BY LOCAL REG. 3-6-51 REGISTRAR'S SIGNATURE Lillian Sparks GENERAL DIRECTOR'S SIGNATURE James H. Pettigrew ADDRESS Oregon Mo

(Licensed Embalmer's Signature on Reverse Side)

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

0020



1951 9 2 708

**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 James H. Pettigrew  
Licensed Embalmer No. 3192

P. O. Address Oregon 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.