

S. No. 300  
V. 10.48

43715

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saline</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saline</u>	
c. LENGTH OF STAY (in this place) <u>77 years</u>		d. STREET ADDRESS (If rural, give location) <u>217 West Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AVA</u>		b. (Middle) <u>---</u>	
c. (Last) <u>ANCELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-28-51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 5-1869</u>
9. AGE (In years, if under 1 year last birthday) <u>82-428</u>		9. AGE (In years, if under 1 year last birthday) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if dead) <u>retired seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Saline, Mo</u>		CITIZENSHIP OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Glenn Ansell</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Lamberton</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch and date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Les Purdy</u> ADDRESS <u>Saline, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pyelitis &amp;</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: DUE TO (b) <u>Development of Wremia</u> DUE TO (c) <u>Fracture Left femur.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>10 days</u> <u>15 days</u>		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) <u>✓</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-16-43</u> to <u>12-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-28</u> , 19 <u>51</u> , and that death occurred at <u>1:51</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>V. A. McQuinn, M.D.</u> (Degree or title)		23b. ADDRESS <u>Saline, Mo.</u>	
23c. DATE SIGNED <u>12-29-51</u>			
24a. BURIAL CREMATORY <u>Saline, Mo.</u>		24b. DATE <u>Dec-30-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Saline City Cemetery, Saline, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE RECD BY LOCAL REG. <u>12/31/51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones</u> ADDRESS <u>Saline, Mo.</u>			

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

**RECEIVED** JAN 3 1952  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed JAN 3 1952

JAN 8 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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed *James E. Jones*  
Licensed Embalmer No. *3143*  
P. O. Address *States No*

**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.