

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1083

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5534 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOREST CITY-RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOREST CITY-RURAL FOREST TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>0422</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HOWARD</u> c. (Last) <u>ANNO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 1, 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>		8. DATE OF BIRTH <u>SEPT. 16, 1952</u>	9. AGE (In years last birthday) <u>1 YR.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SABETHA, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>PAUL ANNO</u>	13b. MOTHER'S MAIDEN NAME <u>CARRIE KYLE</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>PAUL ANNO, FOREST CITY, MO.</u>	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Respirator</u> DUE TO (c)		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 31, 1952 to Feb 1, 1952, that I last saw the deceased alive on Jan 31, 1952, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Perry M.D.</u> (Degree or title)	23b. ADDRESS <u>Mound City Mo</u>	23c. DATE SIGNED <u>2-2-52</u>
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24a. BURIAL, CREMATION, OR SPECIAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST CITY</u>	24d. LOCATION (City, town, or county) (State) <u>FOREST CITY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 3-1952</u>	REGISTRAR'S SIGNATURE <u>J. C. Tracy by wife</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pittzahn Oregon Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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

James H. Pittigrew

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.