

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7838**

ED MAR 23 1952

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **26**

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| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE MO - b. COUNTY Cooper | |
| b. CITY OR TOWN Boonville | | c. CITY OR TOWN Pilot Grove, MO | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 0270 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hosp. | | | |

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|--|--|-------------|---|-----------|--|
| 3. NAME OF DECEASED (Type or Print) ANNA-MARY-DELL | | | 4. DATE OF DEATH (Month) (Day) (Year) MAR-15-1952 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|--------------------|--|----------------------------|--|---|--|--------------------------------------|--|---|--|---------------------------------|--|---------------------------------|--|
| 5. SEX Fem. | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH June-25-1887 | | 9. AGE (In years last birthday) 64 | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 24 HRS. Hours Min. | |
|--------------------|--|----------------------------|--|---|--|--------------------------------------|--|---|--|---------------------------------|--|---------------------------------|--|

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|--|--|--|--|-----------------------------------|--|--|--|---|--|--|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done the most of working life, even if retired) Housewife same | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (State or foreign country) Missouri | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
|--|--|--|--|-----------------------------------|--|--|--|---|--|--|--|---|--|--|--|

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| 13a. FATHER'S NAME Bertram Patton | | | | 13b. MOTHER'S MAIDEN NAME Margaret Kemacher | | | | 14. NAME OF HUSBAND OR WIFE (deceased) | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | | 16. SOCIAL SECURITY NO. no | | | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. John M. ... | | | |
|--|--|--|--|-----------------------------------|--|--|--|---|--|--|--|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterial Hypertension | | | | | | | | 2 | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | |

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|------------------------|--|--|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 443X | | | | | | 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? | |
|--|--|--|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from Mar 11, 1952, to Mar 15, 1952, that I last saw the deceased alive on Mar 15, 1952, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

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|--|--|--|--|----------------------------------|--|--|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) T. C. Beckett M.D. | | | | 23b. ADDRESS Boonville MO | | | | 23c. DATE SIGNED 3-17-52 | |
|--|--|--|--|----------------------------------|--|--|--|---------------------------------|--|

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|---|--|------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Mar 18-1952 | | 24c. NAME OF CEMETERY OR CREMATORY St James Cem. | | 24d. LOCATION (City, town, or county) (State) Pilot Grove MO (Rural) | |
|---|--|------------------------------|--|---|--|---|--|

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 3-18-52 | | REGISTRAR'S SIGNATURE D. Hooper | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hays & Gantner Pilot Grove MO | |
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 1927

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 Peyton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.