

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44285

State File No. \_\_\_\_\_

No. 300  
10.48

**FILED DEC 29 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 109

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		c. LENGTH OF STAY (In this place) OR TOWN <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Staggs Comm. Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>rural Farazeth</u>	
3. NAME OF DECEASED a. (First) <u>ANNA</u> (Type or Print)		b. (Middle) <u>S. Middleton</u> c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 1952</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	
8. DATE OF BIRTH <u>July 18 1871</u>		9. AGE (In years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lagaka Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>O. S. Middleton</u> ADDRESS <u>Farazeth, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fatty Embolism</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of femur</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Osteoarthritis Hip</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E9049</u> <u>45</u>	
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) <u>103</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>12/16/1952</u> , to <u>12/17/1952</u> , that I last saw the deceased alive on <u>12/17/1952</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and of the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Farazeth, Mo</u>	
23c. DATE SIGNED <u>12-17-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Licken Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Licken Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Farazeth, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-27-52</u>		REGISTRAR'S SIGNATURE <u>S. E. Cogswell</u> 376	

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1958

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

*Walter S. Cook*

Licensed Embalmer No. 4731

P. O. Address Frederick, Md

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.