

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2076

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Verona</u> <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1019 Madison Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>	
3. NAME OF DECEASED a. (First) <u>ANNA</u>		b. (Middle) <u>E.</u> c. (Last) <u>VINEY</u>	
4. DATE OF DEATH <u>January 22, 1953</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Nov. 5, 1884</u>	
9. AGE (In years last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wisconsin</u>	
13a. FATHER'S NAME <u>Emile Viney</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Berg</u>	
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>J. E. Viney</u>		ADDRESS <u>Aurora, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>		334x	
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 <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 <u>Jan 15</u> , 1953, to <u>Jan 22</u> , 1953, that I last saw the deceased alive on <u>Jan 21</u> , 1953, and that death occurred at <u>2:20 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Herron, M.D.</u> (Degree or title)		23b. ADDRESS <u>Aurora, Mo.</u>	
23c. DATE SIGNED <u>Jan 23 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>1/24/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Verona, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar L. Marsh</u> ADDRESS <u>Aurora, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 31 53</u>		REGISTRAR'S SIGNATURE <u>Car McMatt 157</u>	

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

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FEB 17 1953

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 Gene H. Parrent

Licensed Embalmer No. 4809

P. O. Address Aurora, Ma

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.