

FILED MAR 23 1953

STANDARD CERTIFICATE OF DEATH

DR. SCHWEITZER

9441

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>277</u>
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1126 MT. VERNON		d. STREET ADDRESS (If rural, give location) 1126 MT. VERNON		
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle)		c. (Last) HUXLEY
4. DATE OF DEATH (Month) (Day) (Year) MARCH 16, 1953		5. SEX Female		
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 2, 1875
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) UNION TOWN, PENN.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM HENRY NOAKES		
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE X		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME FRED HUXLEY ADDRESS SPRINGFIELD, MO.
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) Ventricular fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial damage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis		INTERVAL BETWEEN ONSET AND 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)		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from <u>10-27</u> , 19 <u>51</u> , to <u>3-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-16</u> , 19 <u>53</u> , and that death occurred at <u>9 p.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <i>Edith Wilkerson</i> (Degree or title)		23b. ADDRESS 805 Woodbury Bldg.		23c. DATE SIGNED 3-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/19/53		24c. NAME OF CEMETERY OR CREMATORY CLEAR CREEK CEM.
24d. LOCATION (City, town, or county) (State) NEAR SPRINGFIELD, MO.		25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER ADDRESS SPRINGFIELD, MO.		
DATE REC'D BY LOCAL REG. 3-18-53		REGISTRAR'S SIGNATURE <i>Edith Wilkerson</i> Registrar		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Paul J. Long

Signed.....
Student Embalmer

Licensed Embalmer No. *4734*

P. O. Address *Spil, 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.