

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10433**

FILED MAR 31 1953

BIRTH NO. _____		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 4267		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Sam		b. (Middle) Anno		c. (Last) _____	
4. DATE OF DEATH		5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Feb. 28, 1873		9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) Kansas	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME John Anno		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Meeker, Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block 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 No surgery			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE No			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4330			
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 March 1 , 19 52 , to March 23 , 19 53 , that I last saw the deceased alive on March 23 , 19 52 , and that death occurred at 5 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. M. Martin M.D.				23b. ADDRESS Odessa Mo.			
23c. DATE SIGNED 3/24/53				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE Mar. 25, 1953				24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery			
24d. LOCATION (City, town, or county) (State) Odessa, Mo.				25. FUNERAL DIRECTOR'S SIGNATURE Husman-Sparks			
DATE REC'D BY LOCAL REG. 3/24/1953				REGISTRAR'S SIGNATURE Emma Davidson			
ADDRESS Odessa, Mo.				ADDRESS Odessa, Mo.			

(Licensed Embalmer's Signature on Reverse Side)

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

0540
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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

William T. Sparks

Licensed Embalmer No. *# 4431*

P. O. Address *Odessa, 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.