

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 990

BIRTH DATE FEB 8 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY OR TOWN <b>Springfield</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>West Plains</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Evans Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>0461</b>	

3. NAME OF DECEASED (Type or Print) <b>Anna</b>	a. (First)	b. (Middle)	c. (Last) <b>Schaller</b>	4. DATE OF DEATH <b>2 1 1954</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 5, 1883</b>	9. AGE (In years last birthday) Months Days <b>71</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>George Fredrick</b>	13b. MOTHER'S MAIDEN NAME <b>Louis Lang</b>	14. NAME OF HUSBAND OR WIFE <b>John N. Schaller</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. F. Schaller 821 w. Grand</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Artery Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture Rt Hip</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332 x F</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>West Plains Howell Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>December 1953 p</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall</b>

22. I hereby certify that I attended the deceased from **Jan 9, 1954**, to **Feb 1, 1954**, that I last saw the deceased alive on **Jan 29, 1954**, and that death occurred at **9:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James Ford MD</b>	(Degree or title)	23b. ADDRESS <b>Springfield Mo</b>	23c. DATE SIGNED <b>2-1-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/4/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mc Mulerry</b>	24d. LOCATION (City, town, or county) (State) <b>West Plains, Missouri</b>

DATE REC'D BY LOCAL REG. <b>2-1-54</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred C. Thoms</b>	ADDRESS <b>Springfield Missouri</b>
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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 emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Fred C. Thorne*.....

Licensed Embalmer No. *28*.....

P. O. Address *Springfield*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.