

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1707

State File No.

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) Joplin c. LENGTH OF STAY (in this place) 7 Months c. CITY OR TOWN Joplin d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Home 2631 Byers e. STREET ADDRESS (If rural, give location) 2631 Byers 0495

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Marie c. (Last) McAnnich 4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH Feb 2, 1921 9. AGE (in years last birthday) 32 IF UNDER 1 YEAR Months 11 Days 14 IF UNDER 4 HRS. Hours 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY House Work 11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Severs 13b. MOTHER'S MAIDEN NAME Pearl Burr 14. NAME OF HUSBAND, OR WIFE James McAnnich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME James McAnnich ADDRESS Joplin, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon

ANTECEDENT CAUSES with generalized metastasis

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. 153X

INTERVAL BETWEEN ONSET AND DEATH ? Diagnosis Dec. 1952

19a. DATE OF OPERATION 10/31/53 19b. MAJOR FINDINGS OF OPERATION 1st surgery Dec. 1952. ?? Ileostomy, metastasis to liver and all glands 20. AUTOPSY? YES NO

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) _____ m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct. 29, 1953, to Jan. 16, 1954, that I last saw the deceased alive on Jan. 14, 1954, and that death occurred at 8:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) JR Morgan 23b. ADDRESS 3014 Main Joplin Mo 23c. DATE SIGNED 1/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1, 19, 1954 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery 24d. LOCATION (City, town, or county) (State) Neosho, Mo.

DATE REC'D BY LOCAL REG. 1-20-54 REGISTRAR'S SIGNATURE Ed S. James 138 25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham Mortuary ADDRESS Neosho,

(Licensed Embalmer's Statement on Reverse Side)

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

1961 67 8444

RECEIVED JAN 25 1954
Jasper County Health Office
County File Number 54-1-67
Date Filed JAN 25 1954

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.....
Signature of Student Embalmer

Signed Jesse O. Sullins Jr.
Licensed Embalmer No. 464

P. O. Address Neesho,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.