

STANDARD CERTIFICATE OF DEATH

State File No. **3627**

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 3071		Registrar's No. 41			
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo				b. COUNTY Saline	
b. CITY (If outside of corporate limits, write RURAL and give township) Slater		c. LENGTH OF STAY (in this place) 2 1/2 years		c. CITY OR TOWN Slater		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0971			
d. FULL NAME OF HOSPITAL OR INSTITUTION 446 N Broadway				e. STREET ADDRESS (If rural, give location) 446 North Broadway					
3. NAME OF DECEASED a. (First) GEORGE			b. (Middle) DANCE		c. (Last) ANCELL		4. DATE OF DEATH (Month) (Day) (Year) January 9, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) married		8. DATE OF BIRTH Feb 14 - 1894		9. AGE (in years, last birthday) 59	10. IF UNDER 1 YEAR (Days) 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Automobile mechanic	10b. KIND OF BUSINESS OR INDUSTRY Care		11. BIRTHPLACE (City and State or Foreign Country) Marshall Mo		12. CITIZEN OF THIS COUNTRY USA				
13a. FATHER'S NAME James M Ansell			13b. MOTHER'S MAIDEN NAME Georgia Dance		14. NAME OF HUSBAND OR WIFE Flora Ansell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, state year or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Mrs Flora Ansell - Slater Mo				ADDRESS	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portally obstruction						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b) Dyspepsia, constipation		10 yrs			
				DUE TO (c) Mitral stenosis		10 yrs			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE No (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? None					
22. I hereby certify that I attended the deceased from April 19, 1953 , 19____, that I last saw the deceased alive on 7-29 , 19 53 and that death occurred at 8:10 P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. E. Loveland M.D.				23b. ADDRESS Slater Mo		23c. DATE SIGNED Jan. 11 - 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-54	24c. NAME OF CEMETERY OR CREMATORY Memorial Rock Cemetery		24d. LOCATION (City, town, or county) (State) 1 1/4 miles West of Slater, Mo				
DATE REC'D BY LOCAL REG. 1/12/54		REGISTRAR'S SIGNATURE Mr. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Jones		ADDRESS Slater Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

971

APR 19 1955

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.....

Licensed Embalmer No. 31

P. O. Address. State

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.