No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7637

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 21

020
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAVANNAH
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAVANNAH
0020
0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): REBECCA
c. (Last): PING

4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): 76 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Springfield Ohio 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Wade
13b. MOTHER'S MAIDEN NAME: Rebecca Mohler
14. NAME OF HUSBAND OR WIFE: Louis Ping

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Duke Stephenson — ADDRESS: Savannah 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Embolism — "

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: 4201
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* Nov. 27, 1950, *to* March 20, 1954, *that I last saw the deceased alive on* March 20, 1954, *and that death occurred at* 8:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Maxwell 2 DO
23b. ADDRESS: 307 W. Main, Savannah, Mo.
23c. DATE SIGNED: 3/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-25-1954
24c. NAME OF CEMETERY OR CREMATORY: Savannah n
24d. LOCATION (City, town, or county) (State): Savannah Mo

DATE REC'D BY LOCAL REG.: 3-24-54
REGISTRAR'S SIGNATURE: [signature] A-O
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Breit Funeral Home Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Laramah 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.