

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 64

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| 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) OR TOWN Carthage | | c. LENGTH OF STAY (In this place) 15 yrs | c. CITY OR TOWN Carthage |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1316 E. Highland Ave | | d. In residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS 1316 E. Highland Ave | | f. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-----------------|-------------------|-----------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) ANNA | b. (Middle) MARIE | c. (Last) CLANG | 4. DATE OF DEATH (Month) (Day) (Year) March 16-1954 |
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|---------------|------------------------|--|--------------------------------|------------------------------------|--|--|----------------------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH March 24-1885 | 9. AGE (In years) (Month) (Day) 69 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME unknown Rosacker | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE A. G. Clang |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.G. Clang, 1316 E. Highland, Carthage, Mo |
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| 18. CAUSE OF DEATH: Enter only one cause for lines 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism | | Momentary |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure | | 3 wks. |
| DUE TO (c) Arteriosclerotic heart disease | | years | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Subacute bronchitis | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 3/6 1954, to 3/10 1954, that I last saw the deceased alive on 3/10 1954, and that death occurred at 12:15a m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>[Signature]</i> (Degree or title) MD U | 23b. ADDRESS Carthage, Mo | 23c. DATE SIGNED 3-16-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Mar 19, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery | 24d. LOCATION (City, town, or county) (State) Greenfield, Missouri |
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| DATE REC'D BY LOCAL REG. 3-18-54 | REGISTRAR'S SIGNATURE <i>[Signature]</i> 139-0 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAR 25 1954
Jasper County Health Office
County File Number 54-3-23
Date Filed MAR 26 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 O. L. Isbell, Student Embalmer No. 500,
working under my personal supervision..

Student O. L. Isbell
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage,

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.