

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14855**
Registrar's No. **12**

BIRTH NO. _____ REG. DIST. NO. **25** PRIMARY REG. DIST. NO. **1096**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Bates	
b. CITY OR TOWN Rich Hill		c. CITY OR TOWN Rich Hill	
c. LENGTH OF STAY (In this place) 6 yrs		d. STREET ADDRESS (If rural, give location) 102 1/2 Ceclos	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home			
3. NAME OF DECEASED a. (First) ANNA b. (Middle) M. c. (Last) GAUVREAU			4. DATE OF DEATH (Month) 5 (Day) 15 (Year) 54
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	8. DATE OF BIRTH Oct 19 1956
9. AGE (In years last birthday) 97		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) housewife Ret.	11. BIRTHPLACE (City and State or Foreign Country) TUBERCURY County, Mo. exalted
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William W. Porter		13b. MOTHER'S MAIDEN NAME MO	
14. NAME OF HUSBAND OR WIFE William			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Edward Porter		ADDRESS Rich Hill 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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension			
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 1201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 19 54 to Nov 19 54 , that I last saw the deceased alive on 5-15-54 , and that death occurred at 3:15 Am. , from the causes and on the date stated above.			
23a. SIGNATURE Thomas F. Cook D.D.		23b. ADDRESS Rich Hill MO	
23c. DATE SIGNED 5-17-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 19 1954	
24c. NAME OF CEMETERY OR CREMATORY Norton Hill		24d. LOCATION (City, town, or county) (State) Norton Hill	
DATE REC'D BY LOCAL REG. 5-17-54		REGISTRAR'S SIGNATURE Miss. Edna Douglas	
25. FUNERAL DIRECTOR'S SIGNATURE Mapes Funeral Home		ADDRESS el Dorado MO	

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 embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Hugh S. Allen*.....

Licensed Embalmer No. *2844*.....

P. O. Address *El Dorado Springs*.....

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.