

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22322

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>216</u>		
1. PLACE OF DEATH a. COUNTY <u>Camden Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Admittee before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Chick</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wagler</u>		c. LENGTH OF STAY (If this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grenola</u>		8:15-0 8		
d. FULL NAME OF (If in hospital or institution, give street address or location) <u>Shady Slope Camp</u>				d. STREET ADDRESS (If rural, give location) <u>Box 22</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>Mae</u> c. (Last) <u>McAnulty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13-1954</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 24-1901</u>	9. AGE (If years) (If under 1 year) (If under 1 mo.) (Specify) <u>52</u>	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State of Birth Country) <u>Ponca City Okla</u>	12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Field</u>		13b. MOTHER'S M maiden NAME <u>May Price</u>		14. NAME OF HUSBAND OR WIFE <u>Merle McAnulty</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jean Lorene Ramsey Hudson</u> ADDRESS <u>Box 1986</u>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>of over a years</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>standing</u>					INTERVAL BETWEEN DEATH AND STATE <u>Sudden</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			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 <u>July 13, 1954</u> to <u>July 13, 1954</u> , that I last saw the deceased alive on <u>July 13, 1954</u> , and that death occurred at <u>5:30 pm</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>Abbie Woolery</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Camdenton Mo</u>		23c. DATE SIGNED <u>July 14/54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>July 14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grenola</u>		24d. LOCATION (City, town, or county) (State) <u>Chick Co. Kan</u>				
DATE REC'D BY LOCAL REG. <u>July 14-1954</u>	REGISTRAR'S SIGNATURE <u>Zilpha Traw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lynn W. Watt</u>	ADDRESS <u>Moline, Kan</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0151

JUN 27 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 .....  
Student Embalmer

Signed Abbie Banks Wooler

Licensed Embalmer No. 2488

P. O. Address Camden, Md.

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.