

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23587

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>411</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>Brookfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 Laclade</u>				f. STREET ADDRESS (If rural, give location) <u>402 Laclade 0582</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle) <u>ANN</u>		c. (Last) <u>ANTHONY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-54</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>12-25-1875</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Richmond</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>William</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Anthony Liberty</u>			ADDRESS <u>no</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic ca. of right lung</u> DUE TO (c) <u>adenocarcinoma of ovary</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>3 wks</u> <u>1 year</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>175 X</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) _____ m.		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Oct. 17</u> , 19 <u>50</u> , to <u>July 28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 28</u> , 19 <u>54</u> , and that death occurred at <u>5:40</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>K. R. Bohman M.D.</u>					23b. ADDRESS <u>211 Linn Brookfield Mo</u>		23c. DATE SIGNED <u>7/29/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-30-54</u>		REGISTRAR'S SIGNATURE <u>Nadine Stambach</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Brothman</u>				
					ADDRESS <u>Linn, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*W R Wright*

Licensed Embalmer No. *465*

P. O. Address *Salida, N.M.*

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.