S. No. 300
. 10.48

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31544

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 34

6930

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

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
c. LENGTH OF STAY (in this place): 41 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ellett M. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockville, Mo.
d. STREET ADDRESS (If rural, give location): 0070 1

3. NAME OF DECEASED (Type or Print)
a. (First): Anna Leora
b. (Middle): Casey
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2. 54

5. SEX: F.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: July 3. 1890
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 2, Days 27
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Olathe Kan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel Smith
13b. MOTHER'S MAIDEN NAME: Fannie Swift
14. NAME OF HUSBAND OR WIFE: Phillip Casey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Phillip Casey Rockville, Mo.
ADDRESS:

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

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Generalized Carcinomatosis	6 mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Primary Ampullae of Vater	2 yrs
DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Generalized arteriosclerosis	yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 155X
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* July, 1952, *to* Oct 2, 1954, *that I last saw the deceased alive on* Oct 2, 1954, *and that death occurred at* 11:10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Slichman MD
23b. ADDRESS: Appleton City, Mo
23c. DATE SIGNED: Oct 3 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-4-54
24c. NAME OF CEMETERY OR CREMATORY: Appleton City
24d. LOCATION (City, town, or county) (State): Appleton City, Mo.

DATE REC'D BY LOCAL REG.: Oct. 4, 1954
REGISTRAR'S SIGNATURE: Cleo Abney 285-0
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar Eckhoff
ADDRESS: Appleton City Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1966

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.