

FILED DEC 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36441

BIRTH NO. 75983-54		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 3003		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (In this place) 10 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		d. STREET ADDRESS (If rural, give location) 908 Bond St Monett	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Vincent Hospital				d. STREET ADDRESS (If rural, give location) 908 Bond St Monett			
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Gerald Eugene Annesser			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25-1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH Nov 24-1954	
9. AGE (In years last birthday) 10		10. MONTHS 10		11. BIRTHPLACE (City and State or Foreign Country) Monett Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME Eugene Annesser				13b. MOTHER'S MAIDEN NAME Rose Mary Drift			
14. NAME OF HUSBAND OR WIFE				15. WAY DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. no				17. INFORMANT'S SIGNATURE OR NAME Eugene Annesser ADDRESS Monett Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES				Interval between onset and death			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) no specific condition			
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 776 X			
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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-24-54 to 11-25-54, 19, that I last saw the deceased alive on 11/24/54, 19, and that death occurred at 4 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Donald R. Kern MD				23b. ADDRESS Monett Mo		23c. DATE SIGNED 11/27/54	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Nov 26-1954		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows		24d. LOCATION (City, town, or county) (State) Monett Mo	
DATE REC'D BY LOCAL REG. 11-26-54		REGISTRAR'S SIGNATURE Mrs R.N. Cook		FUNERAL DIRECTOR'S SIGNATURE Betty Bennett - Overmington		ADDRESS Monett Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CAESVILLE, MO.

NO. 1254-142

DATE REC. 12-1-54

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. 4213

P. O. Address Monett Missouri

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.