

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40550

State File No.

BIRTH NO.		REG. DIST. NO. <u>115</u>		PRIMARY REG. DIST. NO. <u>4127</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		c. LENGTH OF STAY (In this place) <u>8 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		d. STREET ADDRESS (If rural, give location) <u>Locust Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Locust Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>M</u> c. (Last) <u>DRESS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17, 1954</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>Mar. 21, 1875</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>8</u>		11. DAYS <u>26</u>		12. IF UNDER 18 Hrs. Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Union, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Holtgrewe</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Linhorst</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Dress Dec'd</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>William Dress</u>			ADDRESS <u>Union</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10. Yes.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Union</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Franklin Mo.</u>		21d. HOW DID INJURY OCCUR? <u>4222</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>1932</u> , to <u>Dec 17, 1954</u> , that I last saw the deceased alive on <u>12-16</u> , 19 <u>54</u> , and that death occurred at <u>8:55a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F.M. Senny M.D.</u>				23b. ADDRESS <u>Union Mo</u>		23c. DATE SIGNED <u>12-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION E & R CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Union, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/19/54</u>		REGISTRAR'S SIGNATURE <u>P. T. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harlow Johnson</u>		ADDRESS <u>Union</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Harlan Johansen

Licensed Embalmer No. 4488

P. O. Address Union, 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.