

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1955

State File No. _____

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|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>292</u> | | PRIMARY REG. DIST. NO. <u>4276</u> | | Registrar's No. <u>2</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lourence</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lourence</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo</u> | | c. LENGTH OF STAY (in this place) <u>2 1/2 years</u> | | c. CITY OR TOWN <u>Pierce City Mo</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>Elm St.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Elm St 0550</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> | | b. (Middle) <u>MAE</u> | | c. (Last) <u>ROAD</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 - 1955</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>July 15 - 1882</u> | |
| 9. AGE (In years last birthday) <u>72</u> | | 10. 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>Barfield Ark</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Summers</u> | | 13b. MOTHER'S MARRIED NAME <u>Thonie Blomett</u> | | 14. NAME OF HUSBAND OR WIFE <u>James H Road</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 ADDRESS <u>Mr George Wilhoit Pierce City Mo</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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic kidney disease</u> DUE TO (c) <u>Chronic Myocarditis</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>6 weeks</u> <u>1 yr</u> <u>2 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4222</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>Aug 8, 1951</u> , to <u>Feb 18, 1955</u> , that I last saw the deceased alive on <u>Feb 18, 1955</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Charles A Spears MD</u> | | | | 23b. ADDRESS <u>Pierce City, Mo</u> | | 23c. DATE SIGNED <u>2-18-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-21-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>El Reno Okla</u> | |
| DATE REC'D BY LOCAL REG. <u>2-18-55</u> | | REGISTRAR'S SIGNATURE <u>John M Dumas 467</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilke Bros Pierce City Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

550

NOV 10 1933

NOV 10 1933

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, Edwin Wilks, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 416

P. O. Address Pierce

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.