

12960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 126

FILED MAY 2 1955

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>4421</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Randolph		b. CITY (If outside corporate limits, write RURAL and give town or township) Clifton Hill		a. STATE Missouri		b. COUNTY Randolph	
c. LENGTH OF STAY (in this place) township) 10 yrs.		c. CITY OR TOWN Clifton Hill		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 None				STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Ancell		c. (Last) Ancell	
4. DATE OF DEATH		(Month) April		(Day) 16		(Year) 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH December 27, 1880		9. AGE (in years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME T.K. Ancell		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Mattie Ancell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orville Ancell: Clifton Hill, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 5 days	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		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 331X				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 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 April 12, 1955 , to April 16, 1955 , that I last saw the deceased alive on April 16, 1955 , and that death occurred at 5 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.C. Alexander M.D.				23b. ADDRESS Clifton Hill Mo		23c. DATE SIGNED 4/26/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-18-1955		24c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery		24d. LOCATION (City, town, or county) (State) Roanoke, Missouri	
DATE REC'D BY LOCAL REG. 4/26/55		REGISTRAR'S SIGNATURE Mary H. Bentley		25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton		ADDRESS Huntsville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 1955

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..... *Tom B Patton*

Licensed Embalmer No. *391*

P. O. Address *Hunterville*

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.