

FILED JUL 5 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18009

BIRTH NO.		REG. DIST. NO. 60		PRIMARY REG. DIST. NO. 4106		Registrar's No. 41			
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Cedar					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JERICHO SPRINGS MO.		c. LENGTH OF STAY (In this place) 75 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JERICHO SPRINGS		d. STREET ADDRESS (If rural, give location) 0980			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA- b. (Middle) M- c. (Last) BEYDLER				4. DATE OF DEATH (Month) (Day) (Year) 6-26-1955					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7-27-1871			
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John W. Oranhood		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE J. R. Beydler					
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Susie Hale, Jericho, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of Colon 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.				INTERVAL BETWEEN ONSET AND DEATH 24 Hrs.	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?			
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 4-8-1955 to 6-15-1955, that I last saw the deceased alive on 6-15-1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) H. D. Conibe M.D.				23b. ADDRESS Jericho, Mo.		23c. DATE SIGNED 6-29-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-27-1955		24c. NAME OF CEMETERY OR CREMATORY Grassie Cen		24d. LOCATION (City, town, or county) (State) 377 W. Jericho, Mo			
DATE REC'D BY LOCAL REG. 7-22-1955		REGISTRAR'S SIGNATURE Norma Timmermann		25. FUNERAL DIRECTOR'S SIGNATURE P. Long		ADDRESS Jericho, Mo			

(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 _____

Mr. P. Long

Licensed Embalmer No. _____

3714

P. O. Address _____

Jerico Bay, No

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.