

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19793

| | | | | | | | | | |
|--|--|--|------------------|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>325</u> | | PRIMARY REG. DIST. NO. <u>6047</u> | | Registrar's No. <u>6</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>St Charles</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Gilmore</u>) | | c. LENGTH OF STAY (In this place) <u>37 Yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilmore</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Limits Of Gilmore</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Gilmore, Mo.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | | | |
| a. (First) <u>Annie</u> | | b. (Middle) <u>Willarding</u> | | c. (Last) _____ | | 6. COLOR OR RACE <u>White</u> | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>August 31 1871</u> | | 9. AGE (In years last birthday) <u>83</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Duties</u> | | | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Gilmore</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | | 13a. FATHER'S NAME <u>Henry Koester</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elisabeth Willard</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>August Willarding</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>XXXXXXXX</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Albert Willarding</u> ADDRESS <u>Gilmore 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 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic sarcomatosis.</u> | | | | ANTICIPATED CAUSES | | | | 8 Mo. | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) <u>Primary sarcoma of arm.</u> | | | | 8 Mo. | |
| 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 _____ | |
| 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) <u>1991</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from <u>March</u> 19 <u>55</u> , to <u>June</u> 19 <u>55</u> , that I last saw the deceased alive on <u>7/1</u> , 19 <u>55</u> , and that death occurred at <u>10:00</u> p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H.C. Mc Murray M.D.</u> | | | | 23b. ADDRESS <u>Wentville, Mo</u> | | 23c. DATE SIGNED <u>7/2/55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 4, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Josephville Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>July 7 1955</u> | | REGISTRAR'S SIGNATURE <u>Martin J. Pugh</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Saulton S. Pitman Wentville, Mo</u> | | | | | |

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

Sarleton J. Pitman

Licensed Embalmer No. *4974*

P. O. Address *Wentzville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.