

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34168

State File No. ....

FILED OCT 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <p align="center">Newton</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Newton</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Route # 2 Neosho</p>		c. LENGTH OF STAY (in this place) <p align="center">12 Yrs</p>		c. CITY OR TOWN <p align="center">Route # 2 Neosho</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Home R. # 2</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) <p align="center">Route # 2 Neosho</p>		0700	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <p align="center">Anna</p>	b. (Middle) <p align="center">Belle</p>	c. (Last) <p align="center">Krummel</p>	Oct 13, 1955		

5. SEX <p align="center">Female</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed</p>	8. DATE OF BIRTH <p align="center">Aug 3, 1886</p>	9. AGE (In years last birthday)	IF UNDER 1 YEAR (Months) (Days)	IF UNDER 1 HR. (Hours) (Min.)
				<p align="center">69</p>	<p align="center">2 9</p>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Housewife</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Housekeeping</p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Cane Hill Arkansas</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>
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13a. FATHER'S NAME <p align="center">Samuel H. Burrow</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Cynthia Ann Overton</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Deceased</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>	16. SOCIAL SECURITY NO. <p align="center">None</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs Ruby B. Barnes</p>	ADDRESS <p align="center">Kansas City</p>
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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		INTERVAL BETWEEN ONSET AND DEATH <p align="center">1 mo. 5 yrs.</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Congestive Heart Failure</p>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="center">260X</p>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <p align="center">Diabetes Mellitus</p>			
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"/>
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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) (Min.)	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 10-5, 1955 to 10-13, 1955 that I last saw the deceased alive on 10-13, 1955 and that death occurred at 11:10 A.M. from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Dr. J. L. Davis M.D.</p>	(Degree or title)	23b. ADDRESS <p align="center">Neosho Mo.</p>	23c. DATE SIGNED <p align="center">10-14-55</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">10, 15, 1955</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Sarcoxie Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Sarcoxie, Mo.</p>
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DATE REC'D BY LOCAL REG. <p align="center">10/19/55</p>	REGISTRAR'S SIGNATURE <p align="center">Melvin C. Bowman</p>	223	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Clark-Bigham Mortuary</p>	ADDRESS <p align="center">Neosho, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 500  
10-48

RECEIVED

RECEIVED

NEOSHO, MISSOURI

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 *William E. Hudson*

Licensed Embalmer No. 4770

P. O. Address *Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.