

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41217**

BIRTH NO. FILED JAN 4 - 1956 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 112

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lawrence</u>                                     |   | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Aurora</u> ) | c. LENGTH OF STAY (In this place) <u>Life</u> | c. CITY OR TOWN <u>Aurora</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>Aurora Hospital</u>                     |   | e. STREET ADDRESS (If rural, give location) <u>722 Oak</u>  |   |

|                                     |                       |                          |                         |  |
|-------------------------------------|-----------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ONA</u> | b. (Middle) <u>ANNAS</u> | c. (Last) <u>POINTS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1955</u> |
|-------------------------------------|-----------------------|--------------------------|-------------------------|--|

|                      |                               |   |                                      |   |   |  |
|----------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 8, 1871</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u></u> Days <u></u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|--------------------------------------|---|---|--|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
|--|---|--|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>Willis Crawford</u> | 13b. MOTHER'S MAIDEN NAME <u>Marv Warren</u> | 14. NAME OF HUSBAND OR WIFE <u>T. F. Points</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 <u>Mrs. Harvey Shane</u> | ADDRESS <u>Aurora, Mo.</u> |
|--|-------------------------------------|--|----------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary occlusion</u> |  |   |
|   | DUE TO (c) <u></u>  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4201</u>  |   |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 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 Dec 21, 1955, to Dec 24, 1955, that I last saw the deceased alive on Dec 24, 1955, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

|  |  |                                   |
|--|--|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Dr. McCallum, M.D.</u> | 23b. ADDRESS <u>36 W. Main Street, Aurora, Mo.</u> | 23c. DATE SIGNED <u>Dec 27/55</u> |
|--|--|-----------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/27/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u> |
|---|---------------------------|---|---|

|  |  |   |                            |
|--|--|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>12-27-55</u> | REGISTRAR'S SIGNATURE <u>Ora Mc Nath</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Irvin P. Arnold</u> | ADDRESS <u>Aurora, Mo.</u> |
|--|--|---|----------------------------|

(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.....  
Signature of Student Embalmer

Signed.....  
*Irvin R. Arnold*

Licensed Embalmer No...492...

P. O. Address *AVONDALE, ILL.*

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.