

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED FEB 20 1956

State File No. **5544**

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **2767** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy - Rural	c. LENGTH OF STAY (In this place) 1 week	c. CITY OR TOWN Wentzville	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 Lincoln County Memorial Hospital		No. STREET ADDRESS (If rural, give location) 0927	

3. NAME OF DECEASED (Type or Print) a. (First) Richard	b. (Middle) Lawrence	c. (Last) Anselm	4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 21, 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Dealer	10b. KIND OF BUSINESS OR INDUSTRY Cattle	11. BIRTHPLACE (City and State or Foreign Country) Wentzville Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Anselm	13b. MOTHER'S MAIDEN NAME Minzie Scruggs	14. NAME OF HUSBAND OR WIFE Addie Anselm
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Samuel Anselm	ADDRESS Wentzville, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 Wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial degeneration		
	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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **August**, 19**55**, to **Feb.**, 19**56**, that I last saw the deceased alive on **2/13**, 19**56** and that death occurred at **6:45 AM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Mc Murray MD	23b. ADDRESS Wentzville, Mo.	23c. DATE SIGNED 2/15/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 16, 1956	24c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	24d. LOCATION (City, town, or county) (State) Wentzville Missouri
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DATE REC'D BY LOCAL REG. 2-18-56	REGISTRAR'S SIGNATURE Emma R. Piddle	25. FUNERAL DIRECTOR'S SIGNATURE Walterman Funeral Home Wentzville Mo	ADDRESS Wentzville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

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 *James M. Titman*

Licensed Embalmer No. 305

P. O. Address *Wentzville*

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.