

FILED MAR 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 9759

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 78

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

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Macon</b>		c. CITY OR TOWN <b>Macon</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>409 Pearl St. 06110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Brown Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>	b. (Middle) <b>CATHERINE</b>	c. (Last) <b>AYERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 24 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-23-1882</b>	9. AGE (In years last birthday) <b>73</b>	10. UNDER 1 YEAR Months	11. UNDER 1 Wks. Hours	12. UNDER 1 Wks. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Macon Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Bamman</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Jane Dailey</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Margaret Phillips</b>	ADDRESS <b>Macon, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cor. Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diffuse Interstitial Pulmonary Fibrosis 2 yrs</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <b>Carbon Dioxide Retention &amp; Pulmonary Acidosis 2 wks</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>525X</b>	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)
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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?
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22. I hereby certify that I attended the deceased from **June 1955**, to **2-24, 1956**, that I last saw the deceased alive on **2-23, 1956** and that death occurred at **6 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. L. Neuden, M.D.</b> (Degree or title)	23b. ADDRESS <b>Macon</b>	23c. DATE SIGNED <b>2/26/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-26-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Macon Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3/1/56</b>	REGISTRAR'S SIGNATURE <b>Paul M Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Beaman</b>	ADDRESS <b>Macon, Mo.</b>
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Macon County Health Department  
County File No. 3.56.38  
Date Filed 3.14.56

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.....  
*R. Lester Bram*

Licensed Embalmer No. 44

P. O. Address.....  
*Macon*

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.