

FILED MAR 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12080**

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **4507** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Crane		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Crane	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1040	

3. NAME OF DECEASED (Type or Print)	a. (First) Ann	b. (Middle) Lee	c. (Last) Tracy	4. DATE OF DEATH (Month) (Day) (Year)
				Feb 18 1956

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED-DIVORCED (Specify)	8. DATE OF BIRTH Feb 5 - 1874	9. AGE (In years last birthday) 82	MONTHS 0	YEARS 13	IF UNDER 1 YEAR: Days	IF UNDER 24 HRS: Hours	IF UNDER 60 MIN: Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Stone Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Manly Steel	13b. MOTHER'S MAIDEN NAME Mary Jane Ester	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Truman Hair	ADDRESS Crane 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Respiratory Distraction		
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)
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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 **May 1955**, to **Feb 18, 1956**, that I last saw the deceased alive on **Feb 18, 1956** and that death occurred at **8:27 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Hemmick (Degree or title) M.D.	23b. ADDRESS Crane Mo.	23c. DATE SIGNED 2-20-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/21/56	24c. NAME OF CEMETERY OR CREMATORY I. O. O. F.	24d. LOCATION (City, town, or county) (State) Marionville Missouri
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DATE REC'D BY LOCAL REG. Feb 20 1956	REGISTRAR'S SIGNATURE Mrs. J. Elmer Brossau	5. FUNERAL DIRECTOR'S SIGNATURE Clayton M. Moore	ADDRESS Crane Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

17-1

APR 2 1956

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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Oran 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 this body is not embalmed, fact should be so stated above.