

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27825**

BIRTH NO.		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 4408	Registrar's No. 324
1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithton		c. LENGTH OF STAY (in this place) 35 y M	c. CITY OR TOWN Smithton	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 at home in Smithton		e. STREET ADDRESS (If rural, give location) 0800		
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Noerman c. (Last) Noerman		4. DATE OF DEATH (Month) (Day) (Year) Aug 21-56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 1-1874	9. AGE (In years last birthday) 82 Months 7 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Do not know		13b. MOTHER'S MAIDEN NAME Do not know	14. NAME OF HUSBAND OR WIFE Mrs Noerman Smithton	
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 ADDRESS Mrs Victory Huffman Smithton	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Anteurelethric C-V disease. 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.		INTERVAL BETWEEN ONSET AND DEATH Normal
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) 4221
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Aug 21, 1956 , to Aug 21, 1956 , that I last saw the deceased alive on Aug 21, 1956 and that death occurred at 2:15 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS Smithton MO		23c. DATE SIGNED 8/23/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 23 56	24c. NAME OF CEMETERY OR CREMATORY Smithton	24d. LOCATION (City, town, or county) (State) Smithton MO
DATE REC'D BY LOCAL REG. 8-23-56		REGISTRAR'S SIGNATURE Lorna Dantz Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Smithton MO

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 18 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *A. F. Hammer*

Licensed Embalmer No. *3912*

P. O. Address *A. F. Hammer*

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.