

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37429**

FILED DEC 12 1956

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **356**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON CITY		c. CITY (If outside corporate limits, write RURAL and give township) VERONA X 0550	
c. LENGTH OF STAY (in this place) ONE WEEK		d. STREET ADDRESS (If rural, give location) GENERAL DELIVERY X	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ORA b. (Middle) (NAN) c. (Last) WILKS			4. DATE OF DEATH DECEMBER 7, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 23rd, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 6 Days 15
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 (State or foreign country) VERONA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ZACKARIA BALL	13b. MOTHER'S MAIDEN NAME ANNA WILKS	14. NAME OF HUSBAND OR WIFE *-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME MRS. J. H. KNOTT ADDRESS JEFFERSON CITY MO.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUE TO (b) arteriosclerosis		1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) senility		6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Fractured hip & stroke in Aug 1956 (Bilateral)		6 months
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				331XF

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) 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 **11/19, 1956**, to **12/7, 1956**, that I last saw the deceased alive on **12/7, 1956**, and that death occurred at **12:50P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Canagawa MD	23b. ADDRESS 515 East High Street	23c. DATE SIGNED 12-8-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 12th 1956	24c. NAME OF CEMETERY OR CREMATORY Spring River Cemetery
24d. LOCATION (City, town, or county) (State) Verona Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Marsh Funeral Home ADDRESS Aurora, Missouri	
DATE REC'D BY LOCAL REG. 8 Dec 1956	REGISTRAR'S SIGNATURE R.P. Davis MD-MR.	(Licensed Embalmer's Statement on Reverse Side) James J. Home

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

Recd. 10 Dec 1956 after call.

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
Student Embalmer

Signed *Donald P. Freeman*

Donald P. Freeman
Licensed Embalmer No. 4623

P. O. Address Jefferson City, Missouri

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.