

FILED NOV 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. **38727**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **5740** Registrar's No. **219**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Cambria, (Rural (Lingo)</b>		c. LENGTH OF STAY (In this place) <b>12 years</b>	c. CITY OR TOWN <b>New Cambria</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b> b. (Middle) <b>Kezar</b> c. (Last) <b>Kezar</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15, 1956</b>	
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>Sept. 7, 1869</b>
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>2</b> DAY <b>8</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>West Dunum, Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George <del>George</del> Sunken</b>	
13b. MOTHER'S MAIDEN NAME <b>Christene <del>Mc.</del></b>		14. NAME OF HUSBAND OR WIFE <b>George W. Kezar (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Martha Siemens, New Cambria, Mo.</b>		ADDRESS	

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) <b>Sepsis &amp; Terminal pneumonia</b>		ANTECEDENT CAUSES		<b>2-3 days</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Septicemic Escherichia coli &amp; cerebral hemorrhage</b>		<b>Recurrent</b>	
DUE TO (c) <b>Advanced arteriosclerosis</b>		II. OTHER SIGNIFICANT CONDITIONS		<b>4-5 yrs.</b>	
Conditions contributing to the death but not related to the disease or condition causing death.		<b>Pyelonephritis (chronic) Nephrosclerosis</b>		<b>10-15 yrs.</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE / HOMICIDE <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		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 **7-9-56** 19\_\_\_\_, to **11-15-56** 19\_\_\_\_, that I last saw the deceased alive on **12:15 AM, 11-15-56**, and that death occurred at **7:15 a.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>William J. Freitas (M.D.)</b>		23b. ADDRESS <b>New Cambria, Mo.</b>		23c. DATE SIGNED <b>11-16-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 17, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Cambria Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>New Cambria, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Larson Funeral Service</b>		ADDRESS <b>Bucklin, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-17-56</b>		REGISTRAR'S SIGNATURE <b>Ruth M. Neely</b>		By <b>Ed. Larson</b>	

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

1850

Date Filed 11. 21. 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 *E. A. Larson* .....

Licensed Embalmer No. 4037 .....

P. O. Address Bucklin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.