THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

490
STATE FILE NUMBER

FILED JAN 31 1957

Registration District No. 389 Primary Registration District No. 5173 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holt Summit — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi East Holt Summit — Length of stay in Hospital Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Holt Summit Mo — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS 4 mi East (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Annie Middle Elizebeth Last Branch
4. DATE OF DEATH: Month Jan. Day 20 Year 57
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 3 1877
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR OF UNDER 24 HRS.: Months 9 Days 17 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Callaway Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: A. T. Rigel
14. MOTHER'S MAIDEN NAME: Mary Grey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Nada Jeff — Address 6008 Rutger St St Louis, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — Interval between onset and death: 3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 6 yrs.
DUE TO (c) Hypertension — 15 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-10-56 to 1-20-57 and last saw her/him alive on 1-17-57
Death occurred at 11:55 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Spencer Macauley (Degree or title) DO — 22b. ADDRESS: 303 W. McCarty Jefferson City — 22c. DATE SIGNED: 1-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 1-23-57 — 23c. NAME OF CEMETERY OR CREMATORY: Union Hill Cemetery — 23d. LOCATION (City, town, or county): Holt Summit — (State): Mo

24. FUNERAL DIRECTOR: LeRoy Claypool — ADDRESS: New Bloomfield Mo — 25. DATE RECD. BY LOCAL REG.: 1-21-57 — 26. REGISTRAR'S SIGNATURE: LeRoy Claypool

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed LeRoy Clayson

Licensed Embalmer No. 44

P. O. Address New Bloom

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.