

FILED JAN 21 1957

# STANDARD CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Lowry City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>515 E. Green St.</u>		d. STREET ADDRESS (If outside, give location) <u>42 Days</u>	
3. NAME OF DECEASED (Type or print) <u>ANNA</u>		4. DATE OF DEATH Month <u>Jan</u> , Day <u>18</u> , Year <u>1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 4, 1874</u>	
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Hotel Keeper</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Kubachek</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ladman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Rose Kubachek, Portland, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic gangreen of lower extremity with amputation</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>yrs</u>		20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
23. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Dec. 15, 1956</u>		26. CITY, TOWN, OR LOCATION <u>Jan. 18, 1957</u>	
27. COUNTY <u>Jan. 17, 1957</u>		28. STATE <u>Jan. 17, 1957</u>	
29. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at <u>7:45 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.		30. SIGNATURE (Degree or title) <u>Wm. C. Sunderwith D.O.</u>	
31. ADDRESS <u>105 E. Ohio Clinton, Mo.</u>		32. DATE SIGNED <u>1-19-57</u>	
33. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		34. DATE <u>Jan. 20, 1957</u>	
35. NAME OF CEMETERY OR CREMATORY <u>Lowry City Cemetery</u>		36. LOCATION (City, town, or county) (State) <u>Lowry City, Mo.</u>	
37. FUNERAL DIRECTOR <u>Ed. Vansant Clinton Mo</u>		38. DATE RECD. BY LOCAL REG. <u>1-19-57</u>	
39. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		40. (Licensed Embalmer's Statement on Reverse Side)	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in certifying cause of death.

300  
-56

... must be casually related. Coroner cannot certify to a death due to ...  
 ... MUST USE ONLY STANDARD INK OR RIBBON TYPEWRITE IF POSSIBLE

521.

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. A. Vansant

Licensed Embalmer No. 3

P. O. Address Clinton

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.