

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1771

State File No.

FILED JAN 16 1957

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. CITY OR TOWN <u>Edina</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		f. STREET ADDRESS (If rural, give location) <u>residence.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNIE</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>MC CLOSKEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7, 1957</u>
-------------------------------------	-------------------------	--------------------------	-----------------------------	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 3, 1882</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
-----------------	---------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Blandinsville, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Jim Beal</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hankins</u>	14. NAME OF HUSBAND OR WIFE <u>Willis McCloskey</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'S SIGNATURE OR NAME <u>Willis McCloskey</u>	ADDRESS <u>Edina, Mo</u>
--	-------------------------------------	---	--------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>20 yrs.</u> <u>25 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic heart disease with myocardosis and hypertension</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adenomatous goiter</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Dec. 29, 1956, to Jan. 7, 1957, that I last saw the deceased alive on Jan 6, 1957, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis Tanyolar M.D.</u>	23b. ADDRESS <u>Edina Missouri</u>	23c. DATE SIGNED <u>Jan. 9, 1957</u>
---	------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9 Jan '57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knox County, Mo</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Jan. 14-57</u>	REGISTRAR'S SIGNATURE <u>Helle A. Humolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Prime</u>	ADDRESS <u>Edina Mo.</u>
--	--	---	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

151

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 *Mrs J. W. Hudson*.....

Licensed Embalmer No. *297*.....

P. O. Address *Edina*.....

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.