

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3415

STATE FILE NUMBER

FILED JAN 18 1957

Registration District No. 347

Primary Registration District No. 4507

Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crane</u>		c. CITY OR TOWN <u>Crane</u> 1840	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>M</u> Last <u>Baker</u>		4. DATE OF DEATH Month <u>January</u> Day <u>5</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>March 27 - 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Brown Springs Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Pope</u>		14. MOTHER'S MAIDEN NAME <u>Nancy Brown</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>Mrs Ben Curry</u>		Address <u>Crane 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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Arteriosclerotic Heart</u> DUE TO (b) <u>Arteriosclerotic Heart</u> DUE TO (c) <u>Arteriosclerotic Heart</u> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>1 yr</u>
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 <u>4:30 P</u> Month <u>Jan</u> Day <u>5</u> Year <u>1957</u> a. m. <u>4:30</u> p. m. <u>P</u>			
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 <u>3 Jan 1957</u> to <u>5 Jan 1957</u> and last saw her alive on <u>5 Jan 1957</u> Death occurred at <u>4:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Myrta M. W.</u>		22b. ADDRESS <u>Galena Mo</u>	
22c. DATE SIGNED <u>7 Jan 1957</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/18/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>Crane Missouri</u>
24. FUNERAL DIRECTOR <u>George H. Manlove</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 7 - 1957</u>	
ADDRESS <u>Crane Mo</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. G. Elmer Bussan</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>Proena Murray</u>			

MEDICAL CERTIFICATION

JAN 15 1958

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, ~~copy~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chas. H. Manlove*

Licensed Embalmer No. *382*

P. O. Address *Clam*

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.