

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11742**

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>3072</b>		Registrar's No. <b>59</b>	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. LENGTH OF STAY (In this place) <b>0</b> <b>2 weeks</b>		c. CITY OR TOWN <b>Marshall</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>503 North Jefferson</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b> b. (Middle) <b>Garrett</b> c. (Last) <b>Venable</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 5, 1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 8, 1880</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>27</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>Saline County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Iswiah Garrett</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Anderson C. Venable</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 ADDRESS <b>Anderson C. Venable Marshall, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Progressive Anemia</b> ANTECEDENT CAUSES <b>Massive Pulmonary Metastatic Ca</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis Rt. Heart</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>generalized arteriosclerosis</b> <b>metastasis to all bones</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>6 mos</b> <b>13 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Unknown</b>		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) <b>Marshall Saline Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>14 Nov. 1956</b> to <b>5 APR. 1957</b> , that I last saw the deceased alive on <b>5 APR. 1957</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. Lee McCorkle M.D.</b>				23b. ADDRESS <b>Marshall Mo</b>		23c. DATE SIGNED <b>6 Apr 57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-7-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>4-6-57</b>		REGISTRAR'S SIGNATURE <b>Cecil J. Reed</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Campbell-Lewis Marshall, Mo.</b>			

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

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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 *James A. Lewis Jr.*.....

Licensed Embalmer No. *4209*.....

P. O. Address *Marshall, Md.*

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.