Health, Welfare & Public Service

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. 1-56

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

FILED APR 22 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 14085

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 108

**1. PLACE OF DEATH**
a. COUNTY: Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Maryville — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis — Length of stay in 1b: 5 wks.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Nodaway
c. CITY OR TOWN: Guilford — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes ☐ No X

**3. NAME OF DECEASED** (Type or print): First: ANNA Middle: ORA Last: BRITTAIN

**4. DATE OF DEATH** Month: 4 Day: 10 Year: 57

**5. SEX:** Female **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

**8. DATE OF BIRTH:** 6/4/80 **9. AGE** (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY:** Own home
**11. BIRTHPLACE** (City and state or country): Stanberry, Mo.
**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** J. P. Shapard
**14. MOTHER'S MAIDEN NAME:** Ann M. Higdon

**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.:** none
**17. INFORMANT** Address: Jean Brittain, Bolckow, 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 vascular accidents — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis + diabetes mellitus
DUE TO (c):
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 X

**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 3-8-57, to Apr. 10, 1957 and last saw her alive on 4/10/57
Death occurred at 11:23 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** H C Bauman (Degree or title) M. D.
**22b. ADDRESS** Maryville, Missouri
**22c. DATE SIGNED** 4/12/57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**23b. DATE:** 4/13/57
**23c. NAME OF CEMETERY OR CREMATORY:** Weathermon
**23d. LOCATION** (City, town, or county) (State): Guilford, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Price Funeral Home, Maryville, Mo.
**25. DATE RECD. BY LOCAL REG.:** 4-19-57
**26. REGISTRAR'S SIGNATURE:** Beas Holt

(Licensed Embalmer's Statement on Reverse Side)

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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 emb

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Elem M. Price

Licensed Embalmer No. 182

P. O. Address Maryvill

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