

Health, Welfare, Public Service

300 -56

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20810

STATE FILE NUMBER

FILED JUN 26 1957

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital or institution) HOSPITAL OR INSTITUTION Ashbrooks Nursing Home		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First Anna Middle Brock Last		4. DATE OF DEATH Month June Day 16 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 9, 1872
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		9b. KIND OF BUSINESS OR INDUSTRY Homemaking	9c. BIRTHPLACE (City and state or country) Grundy County Mo.
10. CITIZEN OF WHAT COUNTRY? U.S.A.		11. FATHER'S NAME Zachary Hobbs	
12. MOTHER'S MAIDEN NAME Mary Hartman		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
14. SOCIAL SECURITY NO.		15. INFORMANT Mrs. Stella Jones St. Joseph, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular-renal disease			INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)
DUE TO (c)			DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Jan 1st - 1955 to June 16th 57 and last saw her alive on June 14th 1957. Death occurred at Trenton, Mo on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Oliver P. Duffy MD		22b. ADDRESS Trenton, Mo	22c. DATE SIGNED June 18th
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 19, 1957	23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	23d. LOCATION (City, town, or county) Trenton, Missouri (State) 1957
24. FUNERAL DIRECTOR J. Gordon Blackmore	ADDRESS Trenton, Missouri	25. DATE RECD. BY LOCAL REG. 6-19-57	26. REGISTRAR'S SIGNATURE Irene Jan

OF Duffy

(Licensed Embalmer's Statement on Reverse Side)

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 *Claude H. Crandall*

Licensed Embalmer No. *44*

P. O. Address *Stenton*

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.