

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23400

STATE FILE NUMBER

FILED JUL 29 1957

Registration District No. 1 Primary Registration District No. 5005 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>LaPlata Rt. 1 - Pettis</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>LaPlata</b> Inside Limits <b>8010</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Hospital OR INSTITUTION <b>✓</b> Length of stay in lb		d. STREET ADDRESS <b>R. R. # 1</b> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Ammie L. Janes</b>			4. DATE OF DEATH Month Day Year <b>7/23/57</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 31, 1881</b>
9. AGE (In years last birthday) <b>76</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>domestic</b>
11. BIRTHPLACE (City and state or country) <b>Moberly, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Benjamin F. Bragg</b>		14. MOTHER'S MAIDEN NAME <b>Peora F. Dawdy</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT Address <b>Mrs. Chas. Lee-LaPlata, Mo. Rt. 1</b>
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> <b>Coronary Atherosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (a) <b>4201</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>1 7/2 Mo</b> <b>?</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input checked="" 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 _____		20g. COUNTY _____	
20h. STATE _____		21. I attended the deceased from <b>Jan. 6, 1956</b> to <b>July 23, 1957</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>July 23, 1957</b> Death occurred at _____ m on the _____ day stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>D. T. Rhoads, D.O. Kirksville, Mo</b> (Degree or title)		22b. ADDRESS <b>2201</b>	
22c. DATE SIGNED <b>7-24-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>7-26-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>La Plata</b>	
23d. LOCATION (City, town, or county) <b>La Plata, Mo.</b>		23e. (State) <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Davis &amp; Davis</b>		25. DATE RECD. BY LOCAL REG. <b>7-26-1957</b>	
26. REGISTRAR'S SIGNATURE <b>Davis W. Rathoff</b>		27. ADDRESS <b>Kirksville</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(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 embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert B. Davis*.....

Licensed Embalmer No. *42*.....

P. O. Address *Tricksie*.....

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.