

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27930

STATE FILE NUMBER

FILED SEP 5 1957

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hornersville</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hornersville</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in <b>Most of Life</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b></b> Last <b>Hager</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>22-</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 26- 1880</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>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (City and state or country) <b>Paragould Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>No.</b> <b>XX</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Florence Ray 4277 Columbine Flint Mich</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> DUE TO (b) <b>arterosclerotic cordis vascular disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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>5 Min</b> <b>20 years</b>
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 _____ 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 <b>5/20/56</b> to <b>8/22/57</b> and last saw her alive on <b>8/18/57</b> Death occurred at <b>8:30A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R.P. Polenski</i> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>Hornersville Mo.</b>		22c. DATE SIGNED <b>8-24-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-24-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Horner Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hornersville Mo.</b>
24. FUNERAL DIRECTOR <b>Lentz Service</b>		ADDRESS <b>Kennett Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-24-57</b>	26. REGISTRAR'S SIGNATURE <i>Aue Polenski</i>	

Death, coroner, etc. must be causally related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY HI

DEPARTMENT 9-4-5

COUNTY FILE NUMBER 95

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 *Edgar Freezer*

Licensed Embalmer No. 443

P. O. Address Kennett Mo.

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.