

STANDARD CERTIFICATE OF DEATH

AUG 28 1957

28738

State File No. _____

FILED AUG 26 1957

Registrar's No. 118

BIRTH NO. _____		REG. DIST. NO. 206		PRIMARY REG. DIST. NO. 5723		Registrar's No. 118	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chariton Twnshp		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ardmore			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) R.F.D. Excello			
3. NAME OF DECEASED (Type or Print) Anna Viers Snider		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) July 25, 1957							
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH July 1, 1886	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 1 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 no		11. BIRTHPLACE (State or foreign country) Bevier, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Marshall		13b. MOTHER'S MAIDEN NAME Sarah Okey		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Sammy Viers		ADDRESS Excello, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) sepsis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) following surgical correction DUE TO (c) fracture left femur trochanter II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9040				INTERVAL BETWEEN ONSET AND DEATH 6 mos 7 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 21				20. AUTOPSY? 2 YES ☐ NO ☒	
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) Excello, Missouri 061			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 14 1956		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? patient fell at her home			
22. I hereby certify that I attended the deceased from Nov. 14, 1956, to July, 1957, that I last saw the deceased alive on July 23, 1957, and that death occurred at 9 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. L. Durolen D.O.		23b. ADDRESS Macon, Missouri		23c. DATE SIGNED 7-31-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 28 1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Salem Cem.		24d. LOCATION (City, town, or county) (State) Excello, Mo.	
DATE REC'D BY LOCAL REG. 8/1/57		REGISTRAR'S SIGNATURE Paul M. Neely		FUNERAL DIRECTOR'S SIGNATURE Lester Hutton		ADDRESS Macon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 27 1967

Date Filed 8.23.57
8.31.58

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.

Signed Charles L. Sutton

Signed _____
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, Mo.

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 this body is not embalmed, fact should be so stated above.