

FILED SEP 19 1957

STANDARD CERTIFICATE OF DEATH

32628

STATE FILE NUMBER

Registration District No. 200

Primary Registration District No. 5724

Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eagle</u>		c. CITY OR TOWN <u>Macon</u>	
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R. Macon</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. Macon</u>	
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Charlotte</u> Last <u>Bork</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>6</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 12, 1867</u>
9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>No.</u>	
11. BIRTHPLACE (City and state or country) <u>Krockow, Ger.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>	
13. FATHER'S NAME <u>Karl Keister</u>		14. MOTHER'S MAIDEN NAME <u>Auguste Pransihke</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT <u>August Bork</u>		Address <u>Macon, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tuberculosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Malnutrition</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4500</u>			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 <u>a. m.</u> Month, Day, Year			
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 <u>July 30</u> to <u>Sept. 6 '57</u> and last saw her alive on <u>same</u> Death occurred at <u>11:00 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. E. Campbell M.D.</u>		22b. ADDRESS <u>Macon Mo.</u>	
22c. DATE SIGNED <u>9/9/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 8, 57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tabor Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Atlanta Mo.</u>	
24. FUNERAL DIRECTOR <u>Bester Hutton</u>		25. DATE RECD. BY LOCAL REG. <u>9/9/57</u>	
ADDRESS <u>Macon, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>W. M. Neely</u>	

County File No. 9.59.160
Date Filed 9.18.59

OCT 9 1959

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 *Charles L. Hutto*

Licensed Embalmer No. 45

P. O. Address *Macow*

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.