

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40157

STATE FILE NUMBER

FILED DEC 3 - 1957

Registration District No. 144 Primary Registration District No. 42.34 Registrar's No. 102

Health,
Welfare
Public
Services

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironvton Inside Limits Yes # No <input type="checkbox"/> | | c. CITY OR TOWN Arcadia Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # 2470 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR SV. INSTITUTION Sv. Mary's Hosp. Length of stay in lb | | d. STREET ADDRESS 1 mi. East of Ironvton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First ANNASTASIA Middle DUFF Last | | | 4. DATE OF DEATH Month Nov. Day 24 Year 1957 |
| 5. SEX fem | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 28 1886 |
| 9. AGE (In years last birthday) 70 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 11. BIRTHPLACE (City and state or country) Ireland |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Thomas Loughlin Brennan | | 14. MOTHER'S MAIDEN NAME unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no | | 16. SOCIAL SECURITY NO. no | |
| 17. INFORMANT Address Thomas Duff, 1644 McLaran St. Louis 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) Hypertensive Cardiovascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 443X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Acute Pyelitis | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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 11-5-55 to 11-24-57 and last saw her alive on 11-24-57 Death occurred at 10.30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deceased or title) Marvin C. Meune MD | | 22b. ADDRESS Ironvton, Mo. | |
| | | 22c. DATE SIGNED 11-26-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 11-29-57 | |
| 23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park, Ironvton Mo. | | 23d. LOCATION (City, town, or county) (State) Ironvton Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironvton Mo. | | 25. DATE RECD. BY LOCAL REG. 11-29-57 | |
| | | 26. REGISTRAR'S SIGNATURE Mr. (Miss) Jones | |

Aned S White (Licensed Embalmer's Statement on Reverse Side)

DEC 19 1957

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 *Bruce J. White*.....

Licensed Embalmer No. *5012*

P. O. Address *Smiths River*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.