

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41541

STATE FILE NUMBER

FILED NOV 26 1957

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 280

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Huntsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Swetnam Nursing Home				Length of stay in 1b 6 months		d. STREET (If outside, give location) ADDRESS Water Street	
3. NAME OF DECEASED (Type or print) First Martin Middle Henry Last Ansel				4. DATE OF DEATH Month November Day 20 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 1, 1869	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 88 Days 88 Hours 88 Min. 88		10. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Cumberland Valley, Penn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general farm laborer				12. CITIZEN OF WHAT COUNTRY? United States			
13. FATHER'S NAME Henry Ansel				14. MOTHER'S MAIDEN NAME Don't know			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Ruth Swetnam: Moberly, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) uremic poisoning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic glomeruli nephritis DUE TO (c) senility							INTERVAL BETWEEN ONSET AND DEATH 3 days year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							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 7:20 a. m. p. m. Month 10 Day 21 Year 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Huntsville		COUNTY Missouri		STATE Missouri	
21. I attended the deceased from 10-21-57 to 11-20-57 and last saw him alive on 11-20-57 Death occurred at 7:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. H. M. Cornish D.O.		22b. ADDRESS 300 1/2 Reed St. Moberly, Mo.		22c. DATE SIGNED 11-21-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-22-1957		23c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery		23d. LOCATION (City, town, or county) (State) Huntsville, Missouri	
24. FUNERAL DIRECTOR Tom B. Patton		ADDRESS Huntsville, Mo.		25. DATE RECD. BY LOCAL REG. 11/22/57		26. REGISTRAR'S SIGNATURE Robert L. Loebe	

(Licensed Embalmer's Statement on Reverse Side)

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 Tom B. Patton

Licensed Embalmer No. 391

P. O. Address Hintons

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.