

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43213
STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 86

Health,
& Welfare
Public
Service

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 causally 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 Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Shelbina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill Rest Home			Length of stay in 1b 3 weeks		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 Anna K. Middle Wandiver Last Wandiver				4. DATE OF DEATH Month 11 Day 11 Year 57					
5. SEX Female		6. COLOR OR RACE Caucasian		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 25, 1874		9. AGE (In years last birthday) 83-0-16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Leonard, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James Killinger				14. MOTHER'S MAIDEN NAME Eliza Horn					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. -----		17. INFORMANT Mrs. Winnie O'Daniel Address SHELBINAMO				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident.							INTERVAL BETWEEN ONSET AND DEATH 4 mo.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) cerebral arteriosclerosis.					DUE TO (c) 331X		
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"/>		
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 9 Month 9 Day 9 Year 57 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 Jan 1957 to Nov 11, 57 and last saw ^(her) alive on Nov 10, 1957 Death occurred at 9: A. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Oliver A. Pugh MD (Degree or title)				22b. ADDRESS Shelbina, Mo.			22c. DATE SIGNED 11/14/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-13-57		23c. NAME OF CEMETERY OR CREMATORY Shelbina IOOF Cemetery		23d. LOCATION (City, town, or county) (State) Shelbina, Missouri			
24. FUNERAL DIRECTOR TO ADDRESS Barkley & Davis Funeral Service Shelbina, Missouri				25. DATE RECD. BY LOCAL REG. 11-13-57		26. REGISTRAR'S SIGNATURE Ada Garrison			

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 John D. Dye, Student Embalmer No. 554 working under my personal supervision.

Student John D. Dye
Signature of Student Embalmer

Signed Henry A. Bartel

Licensed Embalmer No. 383

P. O. Address Delmar, Vt.

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.