

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004302

STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 62

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ADAIR</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>PATRICK</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>KIRSVILLE</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>UNIONVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <u>BRAIN SMITH</u> <u>3 DAYS</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm <u>3000</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>ANNA</u> Middle <u>(NMI)</u> Last <u>HOWARD</u>			Month <u>2</u> Day <u>19</u> Year <u>1958</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-18-1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months <u>2</u> Days <u>1</u> Hours <u></u> Min. <u></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>OWN HOME</u>	11. BIRTHPLACE (City and state or country) <u>CHEROKEE Co. MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>GEORGE BRUNDAGE</u>			14. MOTHER'S MAIDEN NAME <u>NOLA BISHOP</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Mrs D. M. Collins</u> Address <u>R.F.D. 1, Superior Mo.</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute CORONARY Thrombosis</u>		<u>5 MINS.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Auricular Fibrillation</u>	<u>1 week?</u>
	DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	<u>10 yrs?</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED?
<u>Chronic Glomerulonephritis</u> <u>4200</u>		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></u> Month, Day, Year a. m. <u></u> p. m. <u></u>		

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 2-16-58, to 2-19-58 and last saw ^{her} ~~him~~ alive on 2-19-58
Death occurred at 8:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Kirkville, MO.</u>	22c. DATE SIGNED <u>2-19-58</u>
---	------------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Unionville Missouri</u>
---	--------------------------	---	--

24. FUNERAL DIRECTOR <u>John D. Comstock</u> Address <u>Unionville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-21-1958</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Rathoff</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare and Public Service
 300-56
 Coroner cannot certify to a death due to natural causes.
 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

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.....
John N. Comstock

Licensed Embalmer No. *38*

P. O. Address *Thomson*

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.