.S. No. 300
ev. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006701
State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia Mo-
c. LENGTH OF STAY (In this place): 358 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warsaw Mo —
d. STREET ADDRESS (If rural, give location): Main Street.

0080

3. NAME OF DECEASED (Type or Print)
a. (First): Miss Annie
b. (Middle): Ocheltree
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Oct 20, 1873
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 3 Days 29
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.
10b. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (State or foreign country): Olathe, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: W. A. Ocheltree
13b. MOTHER'S MAIDEN NAME: Mary Ellen Neal
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — — INTERVAL BETWEEN ONSET AND DEATH: 3 days duration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Patent Carcinoma of Left Breast with
DUE TO (c) Metastasis. Since 1951 to my Knowledge.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardio Vascular Disease — 1951

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Medical Care only (See other side) - 170X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19___, *to* 2-19, 1958, *that I last saw the deceased alive on* 2-19, 1958, *and that death occurred at* 8.45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jno. B. Carlile M.D.
(Degree or title)
23b. ADDRESS: Sedalia, Missouri
23c. DATE SIGNED: 2-1958

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 22, 1958
24c. NAME OF CEMETERY OR CREMATORY: Olathe Cemetery
24d. LOCATION (City, town, or county) (State): Olathe Kansas

DATE REC'D BY LOCAL REG.: 2-20-58
REGISTRAR'S SIGNATURE: Frances Shelby
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Reser Funeral Home Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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This patient first told me in 1951 that she had a tumor in the left breast area. Examination then showed a marked nodular mass tightly adherent to the chest wall with axillary metastases. Patient refused biopsy and any operative procedure even palliative. She has now been in the Bothwell Memorial Hospital Sedalia Mo since February 26th 1957 for medical care only. Permission was obtained today from her ~~son~~ nephew and her ~~daughter~~ niece and a nodule was removed from the left breast for diagnosis —

Jno. B. Carlisle M.D
2-19-58

JUL 3 1968

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 ..... Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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 this body is not embalmed, fact should be so stated above.