

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020812  
STATE FILE NUMBER

FILED JUL 8 1958

Registration District No. \_\_\_\_\_

10

Primary Registration District No. \_\_\_\_\_

5037

Registrar's No. \_\_\_\_\_

146

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salt River Township</b>		c. CITY OR TOWN <b>Mexico, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD 4 Mexico, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. 4</b>	
3. NAME OF DECEASED (Type or print) <b>Anna Shire</b>		4. DATE OF DEATH Month Day Year <b>June 29, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 28, 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Audrain County, Mo.</b>
13a. FATHER'S NAME <b>William C. Fecht</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Walsh</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>RFD. 4 Mexico, Missouri</b> <b>Mr. Donald Shire</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis - with acute cardiac failure</b> DUE TO (b) <b>Coronary insufficiency - since</b> DUE TO (c) <b>Anterior septal infarction, coronary infarction</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b> <b>5-6 57</b> <b>2-10 58</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>✓</b>	
20c. TIME OF INJURY Hour <input checked="" type="checkbox"/> Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>		20f. CITY, TOWN, OR LOCATION <b>Mexico, Missouri</b>	
21. I attended the deceased from <b>July 1937</b> , to <b>6-29-58</b> and last saw her alive on <b>6-3-58</b> Death occurred at <b>4 28 6-29-58</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Harry F. O'Brien M.D.</b>		22b. ADDRESS <b>Mexico, Missouri</b>	
22c. DATE SIGNED <b>6-30-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-1-1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>	
24. FUNERAL DIRECTOR <b>Arnold Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>June 30-1958</b>	
ADDRESS <b>Mexico, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ray Miller* .....

Licensed Embalmer No. *4492*  
P. O. Address *Mexico*

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.