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FILED JUN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021733
STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 302X Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fayette, Mo. Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ferguson St. S. Park Addn. Length of stay in Ib 20 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Fayette 64510 Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) Ferguson St. S. Park Addn. Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First ANNIE Middle Last PAGE

4. DATE OF DEATH Month JUNE Day 23 Year 1958

5. SEX Female
6. COLOR OR RACE Colored
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF DATH May 5, 1884
9. AGE (In years on last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Howard County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Bradford
13b. MOTHER'S MAIDEN NAME Susan Hill
14. NAME OF HUSBAND OR WIFE Cordie Page

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. None
17. INFORMANT Louise Broadus Address Fayette, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cerebral thrombosis - hemiplegia — 1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332 X
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 March '57, to June 23 and last saw her/him alive on June 23, 1958
Death occurred at ____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. P. Leech MD (Degree or title)
22b. ADDRESS Fayette, Mo
22c. DATE SIGNED 6/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-25-1958
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Fayette, Missouri

24. FUNERAL DIRECTOR Ralph A. Caro ADDRESS Fayette, Missouri
25. DATE REC'D BY LOCAL REG. 6/25/58
26. REGISTRAR'S SIGNATURE Mary K. Shell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

JUL 15 1958

JUL 3 1958

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 Ralph A. Cerr

Licensed Embalmer No. 3340

P. O. Address Fayette, Mo.

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.