

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022845
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY OR TOWN LOUISIANA		c. CITY OR TOWN LOUISIANA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LOUISIANA REST HOME		d. STREET ADDRESS (If outside, give location) 119 N. THIRD ST.	
3. NAME OF DECEASED (Type or print) First Middle Last ANNA G. McILROY		4. DATE OF DEATH Month Day Year JUNE 24, 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 8, 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	11. BIRTHPLACE (City and state or country) PIKE Co., Mo.
13a. FATHER'S NAME WILLIAM PICKENS		13b. MOTHER'S MARDEN NAME MARY CAMPBELL	14. NAME OF HUSBAND OR WIFE WILLIAM S. McILROY
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. NONE	17. INFORMANT Address THOMAS McILROY, R.F.D., CLARKSVILLE, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of rectal sigmoid region of colon			1533
DUE TO (c)			
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 4/5/57 to 6/24/58 and last saw her alive on 5/27/58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas H. Sewell M.D.		22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 6-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/26/58	23c. NAME OF CEMETERY OR CREMATORY BREENWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) PIKE Co. MISSOURI
24. FUNERAL DIRECTOR STERNE FUNERAL HOME, MISSOURI		25. DATE RECD. BY LOCAL REG. 6/30/58	26. REGISTRAR'S SIGNATURE Bernice Collier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Virginia S Esterbrook*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.