. Health,
& Welfare
. Public
h Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029653
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 700 Primary Registration District No. 5725 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Macon	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson Twp. — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Macon 63560 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.R. 3 Macon, Mo. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R.R. #5 Macon, Mo. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: ANNA	Middle: WEAKLEY	Last: RALSTON	4. DATE OF DEATH	Month: Aug.	Day: 3	Year: 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Jan. 8, 1870	9. AGE (In years last birthday): 88	IF UNDER 1 YEAR: Months 6, Days 25	IF UNDER 24 HRS.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: At home	11. BIRTHPLACE (City and state or country): Macon Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Charles Weakley	14. MOTHER'S MAIDEN NAME: Martha Jane Goodding						
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: Miss. Lola Ralston, Macon, Mo. (Address)					

MEDICAL CERTIFICATION

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) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pyelitis — 3 yr

DUE TO (c) 6000

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 ☐ NO ☑ 2

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 May 3 1951 to Aug 3-1958 and last saw her alive on July 31-1958

Death occurred at 2:32 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Howard Wills (Degree or title) MD — 22b. ADDRESS Macon — 22c. DATE SIGNED 8/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Aug. 5, 1958	Oakwood	Macon, Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
R. Leslie Brown	Macon, Mo.	8/23/58	Ruth McCreely

(Licensed Embalmer's Statement on Reverse Side)

Coun... No. 8...
Date Filed 8-28-58

(26)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Lester Bram

Licensed Embalmer No. 44

P. O. Address Macon

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.