

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039484

STATE FILE NUMBER

FILED NOV 25 1958

Registration District No.

120

Primary Registration District No.

Registrar's No.

272

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>King City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>King City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay in lb <b>All Life</b>	d. STREET ADDRESS <b>(No Street Address)</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Bell</b> Last <b>Allis</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>16</b> Year <b>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>Mar. 20, 1875</b>	9. AGE (In years last birthday) <b>83</b> IF UNDER 1 YEAR Months Days Hours Min.	
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>Self Employed</b>	11. BIRTHPLACE (City and state or country) <b>DeKalb Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Moses E. Pickard</b>		13b. MOTHER'S MAIDEN NAME <b>Pheobe Jane McPherson</b>		14. NAME OF HUSBAND OR WIFE <b>(Unknown)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Wayne Hayes King City, Mo.</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>CIRCULATORY FAILURE</b> DUE TO (b) <b>Ventricular Fibrillation 443X 4-6 hrs</b> DUE TO (c) <b>Ventricular Hypertrophy &amp; Myocardial Insufficiency Nos (12-18)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Hypertension Emaciation &amp; Debilitation</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2-4 hrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <input type="checkbox"/> 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 <b>Nov. 4, 1958</b> to <b>Nov. 16, 1958</b> and last saw her alive on <b>Nov. 16, 1958</b> Death occurred at <b>9:20 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>E. Snicker</b>		22b. ADDRESS <b>O. O. 2 King City, Mo.</b>		22c. DATE SIGNED <b>11-18-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 18, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>King City Cem.</b>	
23d. LOCATION (City, town, or county) <b>King City, Mo.</b>		23e. (State)			
24. FUNERAL DIRECTOR <b>Taggart-Woodrel. King City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-19-58</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

*Harold E. Kaadrel*

Licensed Embalmer No. *4609*

P. O. Address *King City, 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.