

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006721

STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 295 Primary Registration District No. 4441 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clifton Hill		c. CITY OR TOWN Clifton Hill	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED (Type or print) First Mattie Middle Myrtle Last Ancell		4. DATE OF DEATH Month February Day 15 Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and state or country) Chariton County, Missouri	
13a. FATHER'S NAME Joe Perfater		14. NAME OF HUSBAND OR WIFE John Ancell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Earl Sumpter: Clifton Hill, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Gastric Carcinoma DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 2 days 7 years
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 _____ 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 Jan. 15, 1952 to 2-15-59 and last saw her alive on 2-15-59 Death occurred at 9:15 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. Noel Rains (Degree or title) D.C.		22b. ADDRESS Moberly, Missouri	
22c. DATE SIGNED 2-16-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-17-1959	
23c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery		23d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri	
24. FUNERAL DIRECTOR Tom B. Patton ADDRESS Hunterville		25. DATE RECD. BY LOCAL REG. 2-19-1959	
26. REGISTRAR'S SIGNATURE Mary H. Bentley			

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS
OCT 2 1950

MAR 9 1959

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 *Tom B. Patton*

Licensed Embalmer No. *3914*
P. O. Address *Huntwell*

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.