RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

59-028017

STATE FILE NUMBER 53

Registration District No. _____ Primary Registration District No. 082 Registrar's No. 2019

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rochester Township — Length of stay in 1b: 5 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rochester community — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew
c. CITY OR TOWN: Rochester — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): No street address — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Anna Middle: Bell Last: Shanks
4. DATE OF DEATH: Month: Sept. Day: 6 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-21-1867
9. AGE (last birthday): 92
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: 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: House wife
11. BIRTHPLACE (City and state or country): Holt County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Sylvester McBride
13b. MOTHER'S MAIDEN NAME: Della Huitt
14. NAME OF HUSBAND OR WIFE: William R. Shanks
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: Ester Williams Address: Rochester Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Fractured left hip	2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterio-Sclerotic Heart Disease	10 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 1-21-57 to 9-6-59 and last saw her alive on 7-24-59
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Warren P. Baker (Degree or title) M.D.
22b. ADDRESS: Savannah, Missouri
22c. DATE SIGNED: 9-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-9-59
23c. NAME OF CEMETERY OR CREMATORY: Rochester Cemetery
23d. LOCATION (City, town, or county) (State): Rochester, Mo.

24. FUNERAL DIRECTOR: Wm A Rich ADDRESS: Savannah, Mo.
25. DATE RECD. BY LOCAL REG.: 9-11-59
26. REGISTRAR'S SIGNATURE: Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm A Rich

Signature of Student Embalmer

Licensed Embalmer No. 4228

P. O. Address Laurinb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.