

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

59-031198

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **70** STATE FILE NUMBER

| | | | | | |
|--|----------------------------------|---|-------------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Shelby | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina | | Length of stay in 1b 50 yrs. | | c. CITY OR TOWN Shelbina, Mo. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First ANNA Middle HANEGAN Last | | 4. DATE OF DEATH 9-4-1959 Month Day Year | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 9-7-1872 | 9. AGE (last birthday) 86 | IF UNDER 1 YEAR Months 11 Days 27 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Same | | 11. BIRTHPLACE (City and state or country) Ralls County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME William Philliber | | 13b. MOTHER'S MAIDEN NAME Mary Waite | |
| 14. NAME OF HUSBAND OR WIFE Mrs. Gene O'Donnell Shelbina, Mo. | | 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. X | |
| 17. INFORMANT Mrs. Gene O'Donnell Shelbina, 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) Pneumonia DUE TO (b) General debility due to arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Hypertensive heart disease | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 WORK <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 1956 to Sept 4, 1959 and last saw her ^{him} alive on Sept 4, 1959 Death occurred at 2 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Chas A. Puchty MD | | (Degree or title) | | 22b. ADDRESS Shelbina | |
| 22c. DATE SIGNED 9-10-59 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9-6-1959 | |
| 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. | | 23d. LOCATION (City, town, or county) Shelbina, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR Barkelaw & Davis Shelbina, Mo. | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. 9-9-1959 | |
| 26. REGISTRAR'S SIGNATURE Ada Garrison | | | | | |

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbina

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.