

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-042973**

**FILED VS DEC 7 1959 324**

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		Length of stay in 1b <b>8 hours</b>		c. CITY OR TOWN <b>Slater</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>Fitzgibbon Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>326 Leroy</b>			
3. NAME OF DECEASED (Type or print) First <b>GUY</b> Middle <b>MORTIMER</b> Last <b>ANCELL</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>27</b> Year <b>1959</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Apr. 22, 1882</b>			
9. AGE (last birthday) <b>77</b>		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) <b>laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Garage Employee</b>		11. BIRTHPLACE (City and state or country) <b>Marshall, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>James Ancell</b>			13b. MOTHER'S MAIDEN NAME <b>Georgia Dance</b>			14. NAME OF HUSBAND OR WIFE <b>Lurline Ancell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>486-03-6818</b>		17. INFORMANT Address <b>Mrs. Guy Ancell, Slater, 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>Leukemia-myelogenous</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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. Month, Day, Year _____									
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 <b>Dec. 1952</b> to <b>Nov. 27, 1959</b> and last saw him alive on <b>11-27-59</b> Death occurred at <b>5:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>C. A. McBurney, M.D.</b> (Degree or title)				22b. ADDRESS <b>Slater, Mo.</b>				22c. DATE SIGNED <b>11/28/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-29-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Slater</b>		23d. LOCATION (City, town, or county) <b>Slater, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Haines Funeral Home, Slater, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11-29-59</b>		26. REGISTRAR'S SIGNATURE <b>Carl H. Reed</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 7 1958

**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 Walter J. Haines

Licensed Embalmer No. 4557

P. O. Address Slaters, N.

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.