MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

-60-025725
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 4020 Registrar's No. 184

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

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

3. NAME OF DECEASED (Type or print): First: ANNA Middle: MARY Last: PLOSS
4. DATE OF DEATH: Month, Day, Year: July 28, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: July 28, 1868
9. AGE (last birthday): 92 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Osage Co, Mo
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Henry Hagenshoff
13b. MOTHER'S MAIDEN NAME: Elizabeth Sandbothe
14. NAME OF HUSBAND OR WIFE:
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: Henry Ploss, Martinsburg, Mo Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-Sclerosis
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 July 13, 1960, to July 28, 1960 and last saw her alive on July 18, 1960
Death occurred at 4:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D W Boyland (Degree or title) MD
22b. ADDRESS: Wellsville Mo
22c. DATE SIGNED: 7/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 30, 1960
23c. NAME OF CEMETERY OR CREMATORY: St. Joseph
23d. LOCATION (City, town, or county) (State): Martinsburg, Mo

24. FUNERAL DIRECTOR: Wells Funeral Home ADDRESS: Wellsville, Mo.
25. DATE RECD. BY LOCAL REG.: July 30-1960
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Wellsvil

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