

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021814

STATE FILE NUMBER

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 69

FILED JUN 19 1961

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>bedford</u>		c. CITY OR TOWN <u>Truxton</u>	
Length of stay in lb <u>4 da.</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Lincoln County Memorial Hospital</u> INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Truxton Mo.</u>	
		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) First <u>MOLLIE</u> Middle <u>HELEN</u> Last <u>ANSON</u>			4. DATE OF DEATH Month <u>June</u> Day <u>10</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>Dec. 28, 1879</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and state or country) <u>Corso MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Haammond</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Sonner</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter Anson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Dick Anson</u>		Address <u>Truxton Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Cerebral Infarction</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u></u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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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.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>	

21. I attended the deceased from <u>June - 1958</u> , to <u>June 10, 1961</u> and last saw her <u>born</u> alive on <u></u> Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>J. C. Cressch</u>		22b. ADDRESS <u>Truxton Mo.</u>		22c. DATE SIGNED <u>6-12-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 10, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Anson Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Lincoln County Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>6-12-61</u>		23f. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	

24. FUNERAL DIRECTOR <u>D. W. McGary</u>		24b. ADDRESS <u>Truxton Mo.</u>		24c. DATE <u>6-12-61</u>	
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. W. McCoy

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

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.