

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-032393

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 167 Primary Registration District No. 4278 Registrar's No. 25

FILED AUG 18 1965

VS 300
 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) Holden		Length of stay in lb 4 days	c. CITY OR TOWN Belton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Holden Retirement Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 122 Mill St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FLORENCE (none) McAninch			4. DATE OF DEATH Month Day Year Aug. 7, 1965
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-15-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 89 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11. BIRTHPLACE (City and state or country) Corydon, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James F. Garnes		13b. MOTHER'S MAIDEN NAME M Nancy Poplin	14. NAME OF HUSBAND OR WIFE Jessie McAninch
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. NONE	17. INFORMANT Mrs. Gladys Pennington Address 122 Mill St. Belton, 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) Medullary Paralysis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic encephalomalacia with cerebral thrombosis DUE TO (c) arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH minutes days years
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 s.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 8-4-65 to 8-6-65 and last saw her alive on 8-6-65 Death occurred at 10⁰⁰ A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thos. P. Weaver D.O.		22b. ADDRESS Holden, Missour	22c. DATE SIGNED 8-10-65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 10, 1965	23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	23d. LOCATION (City, town, or county) (State) Belton, Mo.
24. FUNERAL DIRECTOR E. K. George & Sons ADDRESS Belton, Mo.		25. DATE RECD. BY LOCAL REG. Aug 10, 1965	26. REGISTRAR'S SIGNATURE Bessie Ross

SEP 9 1965

0215
19.10

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. _____

2-28

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel B. Ropp

Licensed Embalmer No. 4044

P. O. Address Halder, 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.

[Handwritten scribble]