

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED SEP 15 1952

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>2023</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry 0422</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry 0422</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		OR TOWN <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>400 N. 4th St.</u>					
3. NAME OF DECEASED a. (First) <u>ANGIE</u>			b. (Middle) <u>BELLE</u>		c. (Last) <u>HORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>Jan. 1st 1872</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR <u>8</u> Months	IF UNDER 24 HRS. <u>5</u> Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Elijah Anderson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah E. Haynes - Deceased</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leah Ford, Clinton, Mo.</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ANEMIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 HR</u> <u>6 MO.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>SEPT 4, 1952</u> , to <u>SEPT. 6, 1952</u> , that I last saw the deceased alive on <u>SEPT. 6, 1952</u> , and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Hugh B Walker, MD</u>				23b. ADDRESS <u>Clinton, Mo</u>		23c. DATE SIGNED <u>8 Sept 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo</u>				
DATE REC'D BY LOCAL REG. <u>Sept 9-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. A. Vaneant</u>		ADDRESS <u>Clinton, Mo</u>			

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, ~~by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *H. A. Sansant* _____

Licensed Embalmer No. 3779 _____

P. O. Address Clinton, Ma. _____

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 this body is not embalmed, fact should be so stated above.