

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009669

STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 753

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| 1. PLACE OF DEATH a. COUNTY <u>Missouri Ho</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> <u>0422</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> | | c. CITY OR TOWN <u>Clinton</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton Gen. Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>703 S Main</u> | |
| Length of stay in lb <u>23 days</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE ARTHUR ANCELL</u> | | | 4. DATE OF DEATH Month Day Year <u>March 14 1958</u> | | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 3 1880</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u> | 11. BIRTHPLACE (City and state or country) <u>Chariton County Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Edward D Ansell</u> | 13b. MOTHER'S MAIDEN NAME <u>Angeline Cleek</u> | 14. NAME OF HUSBAND OR WIFE <u>Joe Annie Ansell</u> |
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| 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>499-403287</u> | 17. INFORMANT <u>Mrs C H Ansell Clinton Mo</u> | Address |
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| 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>CARCINOMA STOMACH</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 YR</u> |
| 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) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|---------------------------------------|---|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
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| 21. I attended the deceased from <u>Mar, 1958</u> to <u>Mar 14, 1958</u> and last saw ^{her} _{him} alive on <u>Mar 14, 1958</u> . Death occurred at <u>1:20</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u> | 22b. ADDRESS <u>Clinton, Mo.</u> | 22c. DATE SIGNED <u>3-15-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/16/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | 23d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u> |
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| 24. SCHABERG FUNERAL HOME ADDRESS <u>211 SO. SECOND</u> | 25. DATE RECD. BY LOCAL REG. <u>3-15-58</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> |
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211 SO. SECOND PH: 454
CLINTON, MO.
(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 7 L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton, 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.