

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009166

STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 76

422
i. 300
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chilhowee 0.510 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital 2 wks		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EULA FRANCIS ANDERSON			4. DATE OF DEATH Month Day Year March 30, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 7, 1893
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	11. BIRTHPLACE (City and state or country) Blairstown, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Anderson	13b. MOTHER'S MAIDEN NAME Alice Simpson
14. NAME OF HUSBAND OR WIFE X		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 Mable Dunaway, Chilhowee, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus & infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post Operative Excision Carcinoma of Left Ovary type undetermined DUE TO (c) 6 mo. 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"/>		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.)		20c. TIME OF INJURY Hour Month, Day, Year 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	
21. I attended the deceased from March 19-59 to March 30 1959 and last saw ^{her} _{him} alive on March 30, 1959 Death occurred at 7:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. H. McJannet M.D.</i>		22b. ADDRESS 10653rd Clinton Mo	
22c. DATE SIGNED 4-1-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4/1/59		23c. NAME OF CEMETERY OR CREMATORY Carsville	
23d. LOCATION (City, town, or county) Chilhowee, Mo.		(State)	
24. FUNERAL DIRECTOR Cook Funeral Home, Chilhowee, Mo		ADDRESS	
25. DATE RECD. BY LOCAL REG. 4-1-59		26. REGISTRAR'S SIGNATURE <i>Mildred Bigman</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

No symptoms will be listed.

8981 & 1077
MAY 4 1956

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

J. W. Cook
Licensed Embalmer No. *4335*
P. O. Address *Chelhowe*

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.