

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 3023 Registrar's No. 20026687 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED 1364

VS 300
Rev. 4/59

DATE AMENDED

1 0425
2 0425
3 2
4 1
5 2
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7 0
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9047
10 45
11 042
12 2-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u> c. FULL NAME OF IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Weyel Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Clinton</u> d. STREET ADDRESS (If outside, give location) <u>Jelly Rest Home</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA J ANDERS</u>			4. DATE OF DEATH Month Day Year <u>Aug 11 1964</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/20/1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Boone County Mo.</u>
13a. FATHER'S NAME <u>Geo. W Little</u>		13b. MOTHER'S MAIDEN NAME <u>Martha J Sharp</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-12-8216</u>	17. INFORMANT <u>Tom Frye</u> Address <u>Kansas city Kans.</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>Bronchopneumonia</u> DUE TO (b) <u>fract. left hip, operated</u> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 wk.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Semb. arterid sclerosis</u>			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 checked="" 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.) <u>fell in rest home</u>	
20c. TIME OF INJURY Hour <u>9:50</u> p.m. Month, Day, Year <u>8 6 1964</u>		20d. INJURY OCCURRED WHILE AT WORK <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 <u>Aug. 3, 1964</u> to <u>death</u> and last saw her <u>live on Aug 11, 1964</u> Death occurred at <u>X</u> <u>12:57 p.m.</u> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <u>CR Witzel D.O.</u>		22b. ADDRESS <u>Clinton Mo.</u>	22c. DATE SIGNED <u>8-10-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/15/64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	23d. LOCATION (City, town, or county) <u>Clinton Mo.</u>
24. FUNERAL DIRECTOR <u>F.L. SCHABERG</u> ADDRESS <u>CLINTON, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 12, 1964</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigman</u>

100
100
100
100

AUG 27 1964

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 F. 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.