

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

State File No. **42225**

FILED JAN 7 1952

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5715** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY MCDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MCDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JANE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JANE	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) NANNIE b. (Middle) -CHRISTINE- c. (Last) OGDEN			4. DATE OF DEATH (Month) (Day) (Year) 12-17-51		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 9-25-1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (State or foreign country) MCDONALD - MO		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME SHERILL-BROOKS	13b. MOTHER'S MAIDEN NAME MARY-C. KELLEY	14. NAME OF HUSBAND OR WIFE Beal Caldwell Anderson
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Beal Caldwell Anderson	ADDRESS MO
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pr. Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 da.
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6/3**, 19**51**, to **12/17**, 19**51**, that I last saw the deceased alive on **12/16**, 19**51**, and that death occurred at **7:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Scott Russell Ro 2	(Degree or title)	23b. ADDRESS Peruville Mo	23c. DATE SIGNED 12/28/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-19-51	24c. NAME OF CEMETERY OR CREMATORY UNION	24d. LOCATION (City, town, or county) (State) STELLA - MO
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DATE REC'D BY LOCAL REG. 12-28-51	REGISTRAR'S SIGNATURE Mayne Humphrey	423	25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey	ADDRESS Peruville, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Princeton, N.J.

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.