

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19146**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **65**

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

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Russell Wash twp</b>		c. LENGTH OF STAY (in this place) <b>11-5-11</b>	c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <b>Kansas City 3458</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) <b>State Hospital #3</b>			d. STREET ADDRESS (If rural, give location) <b>2803 Hally</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>DECKER</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>5-21-52</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>unknown</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Month <b>7</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital records</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive heart disease</b>  ANTECEDENT CAUSES: <b>Senile deterioration</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>✓</b> DUE TO (c) <b>✓</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>✓</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>✓</b> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>443x</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>✓</b>	
22. I hereby certify that I attended the deceased from <b>10-1-</b> , 1943, to <b>5-21-</b> , 1952, that I last saw the deceased alive on <b>5-21-</b> , 1952 and that death occurred at <b>12-3-52</b> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>A. H. Hall, M.D.</b>			23b. ADDRESS <b>Nebraska Mo</b>		23c. DATE SIGNED <b>5-21-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 23-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Allen J. Hays, Nevada, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5-23-1952</b>		REGISTRAR'S SIGNATURE <b>James E. Ferry</b>			

JUNE 11 1968

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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 Allen W. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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 this body is not embalmed, fact should be so stated above.