

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27097**

FILED AUG 26 1952

BIRTH NO. _____ REG. DIST. NO. **14** PRIMARY REG. DIST. NO. **5063** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Barton 0060			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Barton 0060		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lanthe R1 Barton City 2ys		c. LENGTH OF STAY (in this place) 2ys		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lanthe R1 Barton City Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lanthe R1 Barton City Twp			d. STREET ADDRESS (If rural, give location) Lanthe R1 Barton City Twp		
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Odell c. (Last) Vanhoozer			4. DATE OF DEATH (Month) (Day) (Year) July 28 1952		
5. SEX Fe /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 9, 1863	9. AGE (In years last birthday) Months Days 88	IF UNDER 1 YEAR Hours Min. 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Eli Odell		13b. MOTHER'S MAIDEN NAME Patsy Odell	
14. NAME OF HUSBAND OR WIFE Henry Vanhoozer		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. No	
17. INFORMANT'S SIGNATURE OR NAME Charles Vanhoozer		18. ADDRESS Lanthe R1 Barton City Twp		19. MEDICAL CERTIFICATION	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Sudden death	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) old age			
DUE TO (c) old age		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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LAMAR Barton Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LAMAR Barton Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **recognition of death**, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at **4 p.** m., from the causes and on the date stated above.

23a. SIGNATURE E. Guedner M.D.		(Degree or title)		23b. ADDRESS LAMAR		23c. DATE SIGNED July 31-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 31, 1952		24c. NAME OF CEMETERY OR CREMATORY Rosebank		24d. LOCATION (City, town, or county) (State) Mulberry Kansas	
DATE REC'D BY LOCAL REG. July 31, 1952		REGISTRAR'S SIGNATURE Charlotte McDodell		25. FUNERAL DIRECTOR'S SIGNATURE J. M. Berkey		ADDRESS Mulberry Kansas	

(Licensed Embalmer's Stamp put on Reverse Side)

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. M. Berkey

Licensed Embalmer No. *2336*

P. O. Address *Mulberry, Texas*

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.