

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1

FILED JAN 13 1953

BIRTH NO. _____ REC. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 4

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| 1. PLACE OF DEATH a. COUNTY <u>Adair Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Adair</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> <u>0013</u> | |
| c. LENGTH OF STAY (in this place) <u>5 months</u> | | d. STREET ADDRESS (If rural, give location) <u>Nursing Home</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Nellie</u> (Type or Print) | | b. (Middle) <u>Anspach</u> | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-53</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | 8. DATE OF BIRTH <u>Oct 31 1875</u> |
| 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u> | IF UNDER 11 HRS. Hours <u>5</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u> | 11. BIRTHPLACE (State or foreign country) <u>Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Wm H. Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine McClain</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Thomas Anspach</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Wendell Anspach</u> | | ADDRESS <u>Atlanta mo</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterio sclerosis</u> | | | |
| DUE TO (c) <u>Hepatitis</u> <u>4201</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>8-12</u> , 19 <u>52</u> , to <u>1-5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>53</u> , and that death occurred at <u>11:30 A.</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>David W. Boone</u> | | 23b. ADDRESS <u>100-2140 W. 11th St. Kirksville Mo</u> | |
| 23c. DATE SIGNED <u>1-5-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 7 1953</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Cash</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-7-53</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kirk Snodgrass</u> | | ADDRESS <u>Atlanta mo</u> | |

(Licensed Embalmer's Statement 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. M. Goodding

Licensed Embalmer No. 1756

P. O. Address Atlanta Ga

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.