

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21309

State File No.

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 567

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) SEYMOUR	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN INFIRMARY		d. STREET ADDRESS (If rural, give location) 1120	

3. NAME OF DECEASED (Type or Print) LAURA	a. (First)	b. (Middle) E.	c. (Last) MCANALLY	4. DATE OF DEATH (Month) (Day) (Year) 6-15-53
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6-10-1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) WEBSTER CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS LEE	13b. MOTHER'S MAIDEN NAME MARY E. MOORE	14. NAME OF HUSBAND OR WIFE WALTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME THOMAS W. MCANALLY	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH 3-21-53
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>		
	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	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) (Minute)	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 May 9, 1952, to June 15, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 AM on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John William McAnally M.D.</u>	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>6-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-18-53	24c. NAME OF CEMETERY OR CREMATORY SEYMOUR	24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO.
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DATE RECORDED BY LOCAL REG. 6-17-53	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Bergman</u>	ADDRESS <u>Seymour Mo</u>
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WRITE PLAINLY—USING UNFADEING 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.....

Max J Miller

Licensed Embalmer No.

4720

P. O. Address.....

Mansfield, N.H.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.