

## STANDARD CERTIFICATE OF DEATH

State File No. ....

8442

FILED MAR 16 1954

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>4232</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Howell</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>		c. LENGTH OF STAY (in this place) <u>7 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>		0460 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dale Rest Home</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED			a. (First) <u>Anna</u>		b. (Middle) <u>TRACY</u>		c. (Last) <u>TRACY</u>		
(Type or Print)							4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 30, 1887</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u> IF UNDER 2 HRS. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas /</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Gilbert</u>			13b. MOTHER'S MAIDEN NAME <u>Molly Henry</u>			14. NAME OF HUSBAND OR WIFE <u>C. O. Tracy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.O. Tracy, Willow Springs, Mo.</u>			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis (Chronic)</u>						<u>3 years</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis (Chronic)</u>						<u>4 years</u>	
		DUE TO (c) <u>---</u>							
		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"/>	
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 (Month) (Day) (Year) (Hour) OF INJURY <u>3-1-54</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
								21f. HOW DID INJURY OCCUR?	
								21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug. 15, 1953</u> , to <u>3-1-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-1-54</u> , 19 <u>54</u> , and that death occurred at <u>1:20A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul A. Davis, MD</u> (Degree or title)				23b. ADDRESS <u>Willow Springs, Mo.</u>				23c. DATE SIGNED <u>3-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Willow Springs City</u>		24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/13/54</u>		REGISTRAR'S SIGNATURE <u>Marshall Ballard</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BURNS FUNERAL HOME, WILLOW SPGS., MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 28 1954

**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 Fred W. Barnes  
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.