

FILED AUG 2 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No. \_\_\_\_\_

130

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massachusetts</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Seneca</u>		c. LENGTH OF STAY (In this place) <u>35 yrs.</u>	c. CITY OR TOWN <u>Seneca</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0730</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Alves</u> c. (Last) <u>Annes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1954</u>
---	--

5. SEX <u>M.</u>	6. COLOR OR RACE <u>whit.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never mar.</u>	8. DATE OF BIRTH <u>Dec. 4, 1867</u>	9. AGE (In years last birthday) <u>87</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
------------------	-------------------------------	---	---	--	--------------------------	------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Rochester, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Thomas A. Annes</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Rebecca Kinby</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Alves, Seneca, Mo.</u>	ADDRESS <u>Seneca, Mo.</u>
---	--	--	-------------------------------

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) <u>Myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart stroke -</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9318 22</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) <u>Seneca Mo. 073</u>
--	--	--

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 April 30, 1954 to July 17, 1954, that I last saw the deceased alive on July 17, 1954, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Roberts</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Seneca Mo.</u>	23c. DATE SIGNED <u>7/21/54</u>
--	-------------------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca Mo.</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>7-22-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Hill</u>	ADDRESS <u>Seneca Mo</u>
--	--	---	-----------------------------

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 754-152

Date Filed MAY 30 1954

NEOSHO, MISSOURI

**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.....  
Signature of Student Embalmer

Signed W E Biddlecome

Licensed Embalmer No. 217

P. O. Address Seneca

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.