

No. 300
10-48

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36986

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 6

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY OR TOWN <u>Washington</u> | | c. CITY OR TOWN <u>Washington</u> | |
| c. LENGTH OF STAY (in this place) <u>5 yrs</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1257 S. Jefferson St.</u> | | e. STREET ADDRESS (If rural, give location) <u>1257 S. Jefferson St. 03620</u> | |

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|---|--|-------------|------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>ANNIE MARIA NOTHSTINE</u> | | | DATE OF DEATH <u>NOV. 21, 1954</u> | | |
| a. (First) | | b. (Middle) | c. (Last) | | |

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|----------------------|-------------------------------|---|---------------------------------------|---|---------------------------------|--------------------------------|--|--|
| 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>Nov. 17, 1897</u> | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR <u>0</u> Months | IF UNDER 24 HRS. <u>4</u> Days | | |
|----------------------|-------------------------------|---|---------------------------------------|---|---------------------------------|--------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Watertown, Massachusetts U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>Timothy B. Sullivan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Annie M. Curran</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Carl E. Nothstine</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>488-34-4708</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Carl E. Nothstine, Washington, Mo.</u> | | ADDRESS | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u> | | DUE TO (b) <u>Coronary occlusion</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 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) m. | | 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 11/21/54 to 11/21/54, that I last saw the deceased alive at home and that death occurred at 9:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. Loss M. E. 3</u> | | 23b. ADDRESS <u>Washington, Mo.</u> | | 23c. DATE SIGNED <u>11/22/54</u> | |
|---------------------------------------|--|-------------------------------------|--|----------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 23, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Post Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>11/22/54</u> | | REGISTRAR'S SIGNATURE <u>J.P. Sudmann</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert J. ...</u> | | ADDRESS <u>Washington, Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 25 1963

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 *Lester A. Vitt*.....
Licensed Embalmer No. *3225*.....

P. O. Address *Washington*.....

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.