

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9260**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <b>BONNE TERRE</b> )	c. LENGTH OF STAY (in this place) (township) <b>14 WEEKS</b>	c. CITY OR TOWN <b>BONNE TERRE</b>	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 <b>BONNE TERRE HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>714 BLUE ST 0941/2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MICHAEL</b> b. (Middle) <b>JAMES</b> c. (Last) <b>ANCY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 11, 1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 19, 1901</b>	9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CUSTODIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HIGH SCHOOL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DESLOGE MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOHN ANCY</b>	13b. MOTHER'S MAIDEN NAME <b>MARY TIMKO</b>	14. NAME OF HUSBAND OR WIFE <b>GOLDIE ANCY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>49-03-7103</b>	17. INFORMANT'S SIGNATURE OR NAME <b>GOLDIE ANCY</b> ADDRESS <b>BONNE TERRE, MO.</b>

18. NO OF DEATH (Enter only one cause per line for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unl fusion</b>		
	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"/>
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) <b>177X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Jan 1, 1952** to **March 11, 1955** that I last saw the deceased alive on **MAR-10, 1955** and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Evans M.D.</b> (Degree or title)	23b. ADDRESS <b>Bonne Terre Mo</b>	23c. DATE SIGNED <b>3-14-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MARCH 14, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOSEPH'S</b>
DATE REC'D BY LOCAL REG. <b>Mar. 14, 1955</b>	REGISTRAR'S SIGNATURE <b>289 Esther Rudloff</b>	24d. LOCATION (City, town, or county) (State) <b>BONNE TERRE MO</b>
	25. FUNERAL DIRECTOR'S SIGNATURE <b>Benjamin Hall</b> ADDRESS <b>BONNE TERRE MO</b>	

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

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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.....

*C. J. Claywell*

Licensed Embalmer No. 370

P. O. Address *Bonne Terre*

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.