

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43227**

FILED JAN 4 - 1956

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4535** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mineral Point		c. CITY OR TOWN Mineral Point	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 1/2 yrs.		e. STREET ADDRESS (If rural, give location) 116 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) E. c. (Last) Ward			4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 2 1878		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during part of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Salem Mo.	12. CITIZEN OF WHAT COUNTRY U.S.C.

13a. FATHER'S NAME Samuel J. Nickles		13b. MOTHER'S MAIDEN NAME Jannie Skiles		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam. Ward Mineral Point Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mangere both legs and Diabetes		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260x		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 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 **1-15, 1955** to **12-27, 1955**, that I last saw the deceased alive on **12-27, 1955**, and that death occurred at **8:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Type or title) Dr. E. C. Penwell M.D.		23b. ADDRESS Polari Mo.		23c. DATE SIGNED 1/3/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-29-55		24c. NAME OF CEMETERY OR CREMATORY New Higgins Cem. Washington Co. Mo.	
24d. LOCATION (City, town, or county) (State)		24e. LOCATION (City, town, or county) (State) Washington Co. Mo.			
DATE REC'D BY LOCAL REG. 1-3-56		REGISTRAR'S SIGNATURE 403 Helmut Enders		25. FUNERAL DIRECTOR'S SIGNATURE Luther Spahr Polari Mo.	

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

JAN 9 1956

RECEIVED

JAN 10

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Murphy L. Spinks*

Licensed Embalmer No. *4256*

P. O. Address *Flat River, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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