

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20293

State File No. _____

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. CITY OR TOWN <u>Albany</u>	b. COUNTY <u>Gentry</u>
c. LENGTH OF STAY (in this place) <u>11 days</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>Noll Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>508 W. Jackson</u>	

3. NAME OF DECEASED a. (First) <u>Rogenia</u> b. (Middle) <u>(NMN)</u> c. (Last) <u>Anslyn</u>			4. DATE OF DEATH <u>June 15 1956</u> (Month) (Day) (Year)			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 6, 1864</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Sammuel Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>Nicholae S. Anslyn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jeanne Newman</u> ADDRESS <u>Albany, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of right femur - intra traenore</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
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. <u>Hypertolic Pneumonia - 9040</u>		4 days	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>21</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Albany 088</u> (COUNTY) <u>Mo.</u> (STATE)	

21d. TIME OF INJURY <u>6 3 56</u> (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in home?</u>	
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22. I hereby certify that I attended the deceased from 6-3, 1956, to 6-15, 1956, that I last saw the deceased alive on 6-14, 1956, and that death occurred at 2:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree of title) <u>M.D.</u>		23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>6-15-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 17, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	
24d. LOCATION (City, town, or county) <u>Albany, Missouri</u>		24e. (State)			

DATE REC'D BY LOCAL REG. <u>June 15 1956</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brooke Funeral Home</u> ADDRESS <u>Albany, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *me*, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ronald E. Coehel*

Licensed Embalmer No. 4868

P. O. Address Albany, 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.