

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (In this place) 4 Days	c. CITY OR TOWN Macon
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 605 North Rutherford	

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) LAURIE c. (Last) GARY			4. DATE OF DEATH (Month) (Day) (Year) 6 30 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 16, 1874	9. AGE (In years last birthday) 81	10. MONTHS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Hurdland Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Francis M. Green		13b. MOTHER'S MAIDEN NAME Harriett N. Kroenmeir		14. NAME OF HUSBAND OR WIFE Theodore Gary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.A. Terpeniny, Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical shock		INTERVAL BETWEEN ONSET AND DEATH 14 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Intestinal obstruction 24 hrs		
	DUE TO (c) Carcinoma of Colon-Splenic flexure 6 mos		
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 153X	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)
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. 1956** to **6/30, 1956**, that I last saw the deceased alive on **6/29, 1956**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James E. Campbell M.D.		23b. ADDRESS Macon Mo.		23c. DATE SIGNED 6/6/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-2-1956	24c. NAME OF CEMETERY OR CREMATORY Oakwood	24d. LOCATION (City, town, or county) (State) Macon Mo.	
DATE REC'D BY LOCAL REG. 7/4/56		REGISTRAR'S SIGNATURE Seabrooke	FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lester Bram Macon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Return for wage information

2690

FEB 19 1957

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.....
R. Lester Bran

Licensed Embalmer No..... 4472

P. O. Address... Macon, 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.