

Health,
Welfare
Public
Service

FILED OCT 31 1956

STANDARD CERTIFICATE OF DEATH

33009

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 329

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kirksville</u> <u>8013</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stickler Hospital</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>315 N. Franklin St.</u> Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Anna</u> <u>Ward</u>			4. DATE OF DEATH <u>Oct. 27, 1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 3, 1878</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Adair County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Tina Atterberry</u>	
14. MOTHER'S MAIDEN NAME <u>Margaret Clem</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u>	
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT <u>Mrs. Ira Turner, Kirksville, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>anhydremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Senility</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Kirksville</u>		COUNTY <u>Adair</u>	
20g. STATE <u>Mo.</u>		21. I attended the deceased from <u>10-5-56</u> to <u>10-27-56</u> and last saw her <u>her</u> alive on <u>10-27-56</u> Death occurred at <u>2:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>RD Stickler MD</u> (Degree or title)		22b. ADDRESS <u>Kirksville, Mo.</u>	
22c. DATE SIGNED <u>10-29-56</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>10/29/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>	
23d. LOCATION (City, town, or county) <u>La Plata, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Charles A. [Signature]</u>		ADDRESS <u>Kirksville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>10-29-56</u>		26. REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *George W. Davolt*

Licensed Embalmer No. *47*

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.