

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23945

STATE FILE NUMBER

FILED AUG 1 1957

Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 73

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Clinton</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lathrop</u>		c. CITY OR TOWN <u>Lathrop</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home, Lathrop</u>		d. STREET ADDRESS <u>Lathrop, Mo.</u>	
Length of stay in 1b <u>8 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <u>ANNIE</u>	Middle <u>LIZA</u>	Last <u>HAY</u>	4. DATE OF DEATH	Month <u>July</u>	Day <u>19</u>	Year <u>1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 19, 1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months <u>8</u>	Days <u>0</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Boyle County, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Eason Pendegraft</u>	14. MOTHER'S MAIDEN NAME <u>Lucinda Pendegraft</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>John L. Hay</u>	Address <u>Lathrop, Mo.</u>
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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>Cardiac arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension</u>	<u>20 yrs.</u>
	DUE TO (c) <u>Arterioscleroses</u>	<u>30 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>443X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		
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 COUNTY STATE

21. I attended the deceased from I-15-57 to 7-19-57 and last saw her her alive on 7-19-57  
Death occurred at 11:00 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ed Wagoner</u> , D.O.	(Degree or title)	22b. ADDRESS <u>Lathrop, Missouri</u>	22c. DATE SIGNED <u>7-20-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 21 '57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dearborn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Dearborn, Missouri</u>
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24. FUNERAL DIRECTOR <u>DeMoss Crunk</u>	ADDRESS <u>Lathrop, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>7-22-57</u>	26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Director, Coroner, etc. must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JUN 9 1959

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 *James W. Thorsen*.....

Licensed Embalmer No. *48*

P. O. Address *Lathrop*

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