

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25684

FILED JUL 22 1957

STATE FILE NUMBER 81

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bowling Green Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ANNA Middle - Last BROWN			4. DATE OF DEATH Month July Day 4 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		
8. DATE OF BIRTH July 20 1869		9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR (Months Days Hours Min.) 8/1 26		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pike Co. Mo.		
12. CITIZEN OF WHAT COUNTRY? U. S. A		13. FATHER'S NAME Robert Wilhoit		14. MOTHER'S MAIDEN NAME Miss Straube		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT Claude Brown Address Madison Wis		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Dilatation of Heart			INTERVAL BETWEEN ONSET AND DEATH sudden
DUE TO (b) Chronic Myocarditis			
DUE TO (c) Pernicious anemia			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Biliary obstruction with deep jaundice			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 <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 **10/9/51** to **7/4/57** and last saw her alive on **7/4/57**
Death occurred at **7-4-57 7:35 P m** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edmund Dunn M.D.	22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 7-8-57
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE July 7 1957	23c. NAME OF CEMETERY OR CREMATORY Lilbourn	23d. LOCATION (City, town, or county) (State) Pike Co. Mo
24. FUNERAL DIRECTOR Grace Bankhead Bowling Green	25. DATE RECD. BY LOCAL REG. July 9, 1957	26. REGISTRAR'S SIGNATURE Bernice Collier	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be stated. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be stated. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be stated.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... *Harold C. Kupa*

Licensed Embalmer No. *45*

P. O. Address *Banding*

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.