

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28677**

FILED AUG 19 1957

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **194**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY OR TOWN Chillicothe		c. CITY OR TOWN Chillicothe	
c. LENGTH OF STAY (in this place) 6 wks.		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 Chillicothe hospital		STREET ADDRESS (If rural, give location) 729 Graves St.	

3. NAME OF DECEASED (Type or Print) Anna Carlsted			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1957		
5. SEX Fem.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Mar. 25, 1899		9. AGE (In years, 1st birthday) 58		10. IF UNDER 1 YEAR Months 0 Days 0	
11. IF UNDER 24 HRS. Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Postal Dept.	
11. BIRTHPLACE (City and State or Foreign Country) Reger, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME William Carlsted		13b. MOTHER'S MAIDEN NAME Mary Seidel		14. NAME OF HUSBAND OR WIFE Mrs. Lena C	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lena Cashman, Chillicothe, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma secondary of liver		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast		1 yr.	
		DUE TO (c)			
		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		20. AUTOPSY? 2 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) 170X	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from **Dec. 10, 1956**, to **July 29, 1957**, that I last saw the deceased alive on **July 29, 1957**, and that death occurred at **4 P. m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph Conrad M.D.		23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED Aug 6 '57	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug. 1, 1957		24c. NAME OF CEMETERY OR CREMATORY Catholic cemetery	
24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Donald Gordon		ADDRESS Chillicothe, Mo.	
DATE REC'D BY LOCAL REG. 8/7/57		REGISTRAR'S SIGNATURE Francis B. Neer			

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

710

AUG 26 1957
SEP 5 1957

OCT 3 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 *Ronald L. Law*.....

Licensed Embalmer No. *4191*
P. O. Address *Oulline*

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.