

Health, Welfare and Public Service
 300
 -56
 diseases in Part I must be causally related. Coroner must certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28285
 STATE FILE NUMBER

FILED AUG 28 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY <u>Marion.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal, Missouri.</u>		c. CITY OR TOWN <u>R.F.D. Perry, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lovering Hospital.</u>		d. STREET ADDRESS <u>Rura Saltriver Township.</u>	

3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>MAE</u> Last <u>ROSS.</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>21</u> Year <u>1957</u>		
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>July 4, 1891</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Ralls County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jacob W. Phillips.</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth McGee.</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>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>Simon Ross. Perry, 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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

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 _____ 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>Perry, Missouri.</u>	COUNTY _____ STATE _____
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21. I attended the deceased from Aug 21-1957 to Aug 21, 1957 and last saw ^{him} alive on Aug 21
 Death occurred at 1:00P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Emmet T. Swan</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Perry, Missouri.</u>	22c. DATE SIGNED <u>8-23-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>
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24. FUNERAL DIRECTOR <u>Clyde C. Wisney</u>	ADDRESS <u>Perry, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-24-57</u>	26. REGISTRAR'S SIGNATURE <u>Dr. Em. Lucke By October</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 27 1957
MARION CO. HEALTH DEPT.
DATE FILED AUG 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clyde L. ...*

Licensed Embalmer No. 582

P. O. Address ... Perry, Mo

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

(If this body is not embalmed, fact should be so stated above.)

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.