

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47802

STATE FILE NUMBER

Registrar's No. 46

FILED MAY 20 1958

Registration District No. 144

Primary Registration District No. 4234

Health,
& Welfare
Public
Service

5. 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 casually 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 Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Arcadia Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in 1b 24 da.	
3. NAME OF DECEASED (Type or print) ANNIE First LAURA Middle TIEFENAUER Last		4. DATE OF DEATH Dec. 24 1957 Month Day Year	
5. SEX fem	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7 1884
9a. AGE (In years last birthday) 73		9b. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Ironton Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Leonard Peck		14. MOTHER'S MAIDEN NAME Anna Grayum	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Cecil Aldridge, Ironton Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Far advanced myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arterio-sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH ? ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		4221	
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 WORK <input checked="" type="checkbox"/> 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 11-29-57 to 12-24-57 and last saw her ^{her} him alive on 12-24-57 Death occurred at 7.30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. E. Harland, m. d. (Degree or title)		22b. ADDRESS Ironton, Missouri	
22c. DATE SIGNED 1-4-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-27-57	
23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park		23d. LOCATION (City, town, or county) (State) Ironton Mo.	
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.		ADDRESS	
25. DATE RECD. BY LOCAL REG. 5-10-58		26. REGISTRAR'S SIGNATURE Mrs. Chris Jones	

Annel J. White

(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 *Amel J. White*.....

Licensed Embalmer No. *2012*

P. O. Address *Imperial*

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.