Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

All items must be completely answered. 19

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035363
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY Audrain b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mexico — Inside Limits Yes ☒ No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Phillips Home — Length of stay in Ib 1 year	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway c. CITY OR TOWN Auxvasse — Inside Limits Yes ☒ No ☐ STREET ADDRESS 0148 0 (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anna — Middle — Last Dean

4. DATE OF DEATH: Month Oct. Day 21 Year 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: July 5, 1869

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Callaway County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Metcalfe

13b. MOTHER'S MAIDEN NAME: Mary Phillips

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Emmett Alttrogge Address Mexico, Mo.

MEDICAL CERTIFICATION — USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Atherosclerosis 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Oct 12-58 to Oct 21-58 and last saw her/him alive on Oct 26-58

Death occurred at Oct 21-58 4:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D. 2 — 22b. ADDRESS Mexico, Mo — 22c. DATE SIGNED 10-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 10-22-58 — 23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery — 23d. LOCATION (City, town, or county) (State): Mexico, Missouri

24. FUNERAL DIRECTOR: Arnold Funeral Home Mexico, Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG.: Oct. 22-1958

26. REGISTRAR'S SIGNATURE: Blanche Seely

(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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.