

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038850

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cole Camp</b>		c. CITY OR TOWN <b>Cole Camp</b> <b>0030</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If outside, give location) -----	
Length of stay in lb <b>61 Years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Margaret</b> Last <b>Conlin</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>27th</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 10th 1881</b>
9. AGE (In years last birthday) <b>77</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Brooklin New York</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13. FATHER'S NAME <b>Frederick Brandt</b>	
14. MOTHER'S MAIDEN NAME <b>Meierdierick</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs Dorthy Intelman</b> Address <b>Cole Camp Mo</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Arteriosclerosis</b> DUE TO (b) <b>Coronary Heart Failure</b> DUE TO (c) <b>Unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Fractured Right Hip, Cerebral Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
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.) <b>4341F</b>	
20c. TIME OF INJURY Hour _____ 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 <b>11-13-57</b> to <b>11-26-58</b> and last saw her alive on <b>11-26-58</b> Death occurred at <b>5:00 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Jacob K. Peterson Do.</b> (Degree or title)		22b. ADDRESS <b>Cole Camp, Mo</b>	
22c. DATE SIGNED <b>11-28-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Nov 29, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cole Camp Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Cole Camp Mo</b>		23e. STATE (State)	
24. FUNERAL DIRECTOR <b>E L Eickhoff</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 28, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>E L Eickhoff</b>			

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *E. L. Dickhoff*.....

Licensed Embalmer No. .... 730

P. O. Address ..... Cole Camp

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.