

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004825  
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 13

300  
-57

1. PLACE OF DEATH a. COUNTY Chariton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY Chariton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Keytesville Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi N E Keytesville		Length of stay in 1b 4 yrs	d. STREET ADDRESS (If outside, give location) 4 Mi NE Keytesville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle Elizabeth Last Gillian			4. DATE OF DEATH Month March Day 7 Year 59		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1876		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY in bed 6 years	11. BIRTHPLACE (City and state or country) Saline County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Horner		13b. MOTHER'S MAIDEN NAME Sarah Ellen Copeland		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mary Ryan Keytesville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fatty Heart ( Degenerated heart muscles DUE TO (b) Senility and degenerated heart muscles DUE TO (c) 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)					INTERVAL BETWEEN ONSET AND DEATH 42-20
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 <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 1956 to Sept; 20-58 and last saw <del>her</del> alive on March. 7th-59 Death occurred at 4 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. L. Feyer</i> (Degree or title) D. O 2			22b. ADDRESS Brunswick MO		22c. DATE SIGNED 3-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-8-59	23c. NAME OF CEMETERY OR CREMATORY Slater City		23d. LOCATION (City, town, or country) (State) Slater Missouri
24. FUNERAL DIRECTOR Haines Funeral Home		ADDRESS Slater, Mo.		25. DATE RECD. BY LOCAL REG. 3-12-59	26. REGISTRAR'S SIGNATURE <i>J. W. Hawkins</i>

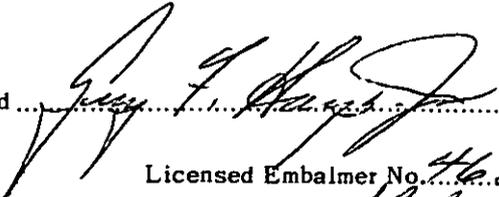
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. 4630.....

P. O. Address Blakes, Mo......

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.