

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018544

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 251

Primary Registration District No. 2048

Registrar's No. 136

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Maryville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hosp.</u>		Length of stay in lb <u>07 1/2</u> STREET ADDRESS <u>123 1/2 W. 3rd</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Belle</u> Last <u>DeWitt</u>		4. DATE OF DEATH Month <u>5</u> Day <u>22</u> Year <u>'59</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-5-18</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Home-own</u>	9c. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS: Hours <u>0</u> Min. <u>0</u>
10a. BIRTHPLACE (City and state or country) <u>Graham, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lum Hinville</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Clark</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>488-22-6313</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>Arteriosclerosis general</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>& angiospasm</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		17. INFORMANT Address <u>Ross DeWitt - Maryville - Mo - 334X</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. CITY, TOWN, OR LOCATION _____		20f. COUNTY _____ STATE _____	
21. I attended the deceased from <u>5-13-59</u> to <u>5-22</u> and last saw her/him alive on <u>5-22-59</u> Death occurred at <u>5-22-59 4:40</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>5-27-59</u>	
22a. SIGNATURE <u>H.C. Bauman M.D.</u> (Degree or title)		22b. ADDRESS <u>Maryville Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/25/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem -</u>		23d. LOCATION (City, town, or county) <u>Maryville Mo -</u> (State)	
24. FUNERAL DIRECTOR <u>Wm. Stehno</u> ADDRESS <u>Maryville</u>		25. DATE RECD. BY LOCAL REG. <u>5-29-59</u>	
26. REGISTRAR'S SIGNATURE <u>Ross DeWitt</u>		26. REGISTRAR'S SIGNATURE <u>Ross DeWitt</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

social, coroner, etc. must use only standard nomenclature in item 18. No symptoms with be listed. All diseases in Part I must be causally related.

MAR 27 1987

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 *G M Atkeson*

Licensed Embalmer No. *3379*
P. O. Address *Maryville,*

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.