

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014462

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 60

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED APR 25 1961

1. PLACE OF DEATH
 a. COUNTY Macon
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Macon Length of stay in 1b 7 Yrs.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Taylor Rest Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Macon
 c. CITY OR TOWN Macon Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Taylor Rest Home Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Anna Bridgett White
 4. DATE OF DEATH Month Day Year April 8 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/24/1863 9. AGE (last birthday) 98
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Macon County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Michael McManara 13b. MOTHER'S MAIDEN NAME Unk. 14. NAME OF HUSBAND OR WIFE Dec.

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 Pat McManara Address Macon, 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) Acute Myocardial Heart Disease INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
 DUE TO (b) Senile Debility
 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)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 4/7/61 to 4/8/61 and last saw her live on 4/8/61
 Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Macon, Mo. 22c. DATE SIGNED 4/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/10/61 23c. NAME OF CEMETERY OR CREMATORY St. Marys Cem. 23d. LOCATION (City, town, or county) Macon, Mo. (State)

24. FUNERAL DIRECTOR Lester Hutton ADDRESS Macon, Mo. 25. DATE RECD. BY LOCAL REG. 4/16/61 26. REGISTRAR'S SIGNATURE [Signature]

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.