

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17555

BIRTH NO. _____		REG. DIST. NO. 219		PRIMARY REG. DIST. NO. 5791		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moniteau County Life				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moniteau County 0680			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location) Missouri 0			
3. NAME OF DECEASED (Type or Print)		a. (First) ANNA LAURA		b. (Middle) MCBROOM		c. (Last)	
5. SEX Female/		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH July 18, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		9. AGE (In years last birthday) 72		11. BIRTHPLACE (State or foreign country) Moniteau County 0	
13a. FATHER'S NAME John F. Hickcox		13b. MOTHER'S MAIDEN NAME Mary Ella Hickcox		14. NAME OF HUSBAND OR WIFE Elmer McBratton		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Hickcox, California, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic bronchitis & emphysema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 3, 1949, to May 1, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 7:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kenyon Latham D. M.D.				23b. ADDRESS California, Mo.		23c. DATE SIGNED 5-3-50.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 3, 1950		24c. NAME OF CEMETERY OR CREMATORY Defoe Cemetery		24d. LOCATION (City, town, or county) (State) Burris Fork Twn. Mo.	
DATE REC'D BY LOCAL REG. 5/13/50		REGISTRAR'S SIGNATURE C. H. Nail 198		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, California, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 19 1950
District Health Officer No. 9,
District File Number

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.....

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.