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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

STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1957

25884
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY St Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington R.R. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Farmington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas Dell Memorial Home for Aged			Length of stay in 1b 7 wks	d. STREET ADDRESS (If outside, give location) 094	
3. NAME OF DECEASED (Type or print) Annabelle			First Annabelle Middle Rapp Last Rapp		4. DATE OF DEATH Month July Day 29 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 14, 1885	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Doe Run, Missouri	IF UNDER 1 YEAR Months 9 Days 15 Hours Min.
13. FATHER'S NAME John Luther Gideon			14. MOTHER'S MAIDEN NAME Emma Layne		
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. 486-22-3702		17. INFORMANT Address Lehman A Gideon, Farmington, 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) Medullary Failure					INTERVAL BETWEEN ONSET AND DEATH 48h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Thrombotic Encephalomyelitis					60 days
DUE TO (c) Arteriosclerosis					332x several yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Chronic Congestive Heart Failure					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. Month, Day, Year p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <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 7-7-57 to 7-29-57 and last saw her alive on 7-29-57 Death occurred at 10:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Denote or title) Carroll J. Embe D.O.			22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 7-30-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Aug. 1, 1957	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		23d. LOCATION (City, town, or county) (State) Doe Run, Missouri
24. FUNERAL DIRECTOR ADDRESS Miller Funeral Home, Farmington, Mo.			25. DATE RECD. BY LOCAL REG. July 30, 1957		26. REGISTRAR'S SIGNATURE Ether Rudloff

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 Paul Dugal

Licensed Embalmer No. 411

P. O. Address Farmington

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.