MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-043769
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 133

FILED NOV 27 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0890
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Grape Grove
Length of stay in 1b Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R7D1 Norborne Mo.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Ray
c. CITY OR TOWN Norborne
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Roy Middle Last Anderson
4. DATE OF DEATH Month Nov Day 18 Year 1962
5. SEX Male
6. COLOR OR RACE Cau
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-26-1879
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY Postal Service
11. BIRTHPLACE (City and state or country) Ronds Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edward G Anderson
13b. MOTHER'S MAIDEN NAME Sara B Leonard
14. NAME OF HUSBAND OR WIFE Emma Ross Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs Roy Anderson, Norborne Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 9-7-62 to 11-18-62 and last saw her/him alive on 11-9-62
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas B Cook MD
22b. ADDRESS Richmond Mo.
22c. DATE SIGNED 11/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-20-62
23c. NAME OF CEMETERY OR CREMATORY Antioch
23d. LOCATION (City, town, or county) (State) Carroll County, Mo

24. FUNERAL DIRECTOR ADDRESS Dickerson-Ricc, Bogard, Mo
25. DATE RECD. BY LOCAL REG. 11-19-1962
26. REGISTRAR'S SIGNATURE Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1962

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 Samuel M Rice

Licensed Embalmer No. 5087

P. O. Address Boyard 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.