

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22562

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 764

1. PLACE OF DEATH a. COUNTY <u>Duchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilicothe Rural</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. No. 2</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GOLDIE</u>	b. (Middle) <u>Edna.</u>	c. (Last) <u>ANDERSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7 3 49</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 4, 1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>W. D. Stevens</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Weaver</u>	14. NAME OF HUSBAND OR WIFE <u>E. B. Anderson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. B. Anderson</u>	ADDRESS <u>Chilicothe Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>Recently</u> <u>3 weeks 2nd attack</u> <u>5 yrs</u> <u>several years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Brain hemorrhage</u> rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>arteriosclerosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
		<u>Chilicothe Livingston Mo.</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 15, 1948, to 7-3, 1949, that I last saw the deceased alive on 7-2, 1949, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stamley M. D. State Hospital # 2</u>	(Degree or title)	23b. ADDRESS <u>State St. Joseph Mo.</u>	23c. DATE SIGNED <u>7-3-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Chilicothe, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 11, 1949</u>	REGISTRAR'S SIGNATURE <u>E. B. Anderson</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamley Funeral Home</u>	ADDRESS <u>Stamley Funeral Home - St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1967

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.

Signed _____

Charles M. Harman

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4487

P. O. Address _____

St. Joseph

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