

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23005

State File No. _____

36
266

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowled Pacific, Mo</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Pacific</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis D</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CONNIE</u> b. (Middle) <u>C</u> c. (Last) <u>ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/26/49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 21, 1892</u>
9. AGE (10 years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>	IF UNDER 12 HRS. Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Mahalie Bernham</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Anderson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Anderson, Pacific, Mo</u>
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) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC WITHOIA. Syn</u> DUE TO (c) <u>Angina pectoris</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)	
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?	
22. I hereby certify that I attended the deceased from <u>July 26, 1949</u> , to <u>July 26, 1949</u> , that I last saw the deceased alive on <u>July 26, 1949</u> , and that death occurred at <u>11:45 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	23c. DATE SIGNED
<u>[Signature]</u>		<u>Pacific, Mo.</u>	<u>7/28/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>7/29/49</u>	<u>Beckwith Cem.</u>	<u>Sullivan, Mo</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<u>July 28, 1949</u>	<u>[Signature]</u>	<u>Casey & Russell, St. Clair, Mo</u>	

Dr. Eckert

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 1 1949
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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed David Russell

Signed _____
Student Embalmer

Licensed Embalmer No. 4520

P. O. Address H. Clark, Md.

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.