

FILED JUN 2 1950 STANDARD CERTIFICATE OF DEATH

State File No. 19744

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 140

21/3

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaPlata--rural	
c. LENGTH OF STAY (In this place) 15 da.		d. STREET ADDRESS (If rural, give location) Route 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) R.	c. (Last) Anderson	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 25, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days 10	IF UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Macon County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Tommie Anderson	13b. MOTHER'S MAIDEN NAME Emma Morrow	14. NAME OF HUSBAND OR WIFE Alma Anderson LaPlata Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alma Anderson LaPlata Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TETANUS		3 Weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		E 9130
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		22	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LA PLATA MACON MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 15 '50	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Ran splinter under right thumbnail.
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22. I hereby certify that I attended the deceased from 4-29, 1950, to 5-13, 1950, that I last saw the deceased alive on May 13, 1950, and that death occurred at 3:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS Kirksville	23c. DATE SIGNED 5-15-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Reburial	24b. DATE May 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt Tabor	24d. LOCATION (City, town, or county) (State) Macon, Mo
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DATE REC'D BY LOCAL REG. 5-22-50	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.S. Christie LaPlata Mo
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RECEIVED MAY 30 1950

District Health Officer No. 10

District File Number 5-50-896

Date Filed _____

SEP 17 1951

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.

Student Embalmer No. _____ ✓

Signed _____

D. S. Christie

Signed _____

Student Embalmer

Licensed Embalmer No. 1109

P. O. Address _____

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