

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26365

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5193 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Carroll</u> 0170 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Egypt" Twp</u> c. LENGTH OF STAY (in this place) <u>3</u> d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton 0171</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
--	--	---	--

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u> b. (Middle) <u>STANDLEY</u> c. (Last) <u>ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>March 17, 1932</u>		9. AGE (In years last birthday) <u>19</u>		10. UNDER 1 YEAR Months Days	
11. IF UNDER 2 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Light Plant</u>	
11. BIRTHPLACE (State or foreign country) <u>Carrollton Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Raymond Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Standley</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Anderson</u> ADDRESS <u>Carrollton 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>We the jury find that Raymond Anderson</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>met his death by careless driving</u> DUE TO (c) <u>on part of Herbert Lee Griswold</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Wadlington mo. Signed by Jury.</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 8154</u> <u>26 017</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 810. Nords</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton Carroll MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 12 1951 7:53 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hendon - Motor Car and Motorcycle</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>Ray Anderson Coroner</u>		23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>Aug 13 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>		DATE REC'D BY LOCAL REG. <u>AUG-14-1951</u>		REGISTRAR'S SIGNATURE <u>Eileen Tenniston</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gibson</u>		ADDRESS <u>Carrollton Mo</u>			

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



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
Student Embalmer

Signed

Ben W. Gibson

Licensed Embalmer No. *2961*

P. O. Address

Carrollton, 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.