FILED JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41970

State File No. [illegible]

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 603

.S. No. 300
EV. 10.48

0495
C

Howard

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 320 Moffet Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): W.
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): December 29, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 19, 1880
9. AGE (In years last birthday): 71 — If under 1 year: Months 11, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traffic Representative
10b. KIND OF BUSINESS OR INDUSTRY: Mo-Pacific RR
11. BIRTHPLACE (State or foreign country): St. Albans, Vermont
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mrs. Mayme Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Mayme Anderson, 320 Moffet, Joplin, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mitral Regurgitation with — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b): Cardiac Hypertrophy — 2 yrs
DUE TO (c): Cardiac Decompensation — 1 month

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: 410 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28-50, 19___, *to* 12-29-51, 19___, *that I last saw the deceased alive on* 12/29/51, 19___, *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter Howard MD M.D.
23b. ADDRESS: Ohio Bldg. Joplin Mo
23c. DATE SIGNED: 1/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-51
24c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
24d. LOCATION (City, town, or county) (State): Lamar, Missouri

DATE REC'D BY LOCAL REG.: 1-5-52
REGISTRAR'S SIGNATURE: Ed D. James 138-1 by Sabres Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Thornhill-Dillon Mortuary, Joplin, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-11-52
Jasper County Health Office

County File Number 52/1/27

Date Filed 1-11-52

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 David Dillon

Signed _____
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.