

STANDARD CERTIFICATE OF DEATH

State File No. 20007

FILED JUN 25 1952

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Sullivan, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Johns	
c. LENGTH OF STAY (in this place) 24 hrs		d. STREET ADDRESS (If rural, give location) 8924 Guthrie	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Side Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Elijah	b. (Middle) H.	c. (Last) Anderson	(Month) June	(Day) 19	(Year) 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 5, 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 14	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Stanton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Anderson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Frances C. Anderson (Korbe)
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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) NIL	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Leonard Rhodus	18. ADDRESS 8924 Guthrie, St. Johns, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis		
	DUE TO (c)		4 mo
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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 6-18, 1952, to 6-19, 1952, that I last saw the deceased alive on 6-18, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. Prater M.D.	(Degree or title)	23b. ADDRESS Sullivan Mo	23c. DATE SIGNED 6-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 21, 1952	24c. NAME OF CEMETERY OR CREMATORY Buffalo	24d. LOCATION (City, town, or county) (State) Sullivan, Missouri
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DATE REC'D BY LOCAL REG. 6-21-52	REGISTRAR'S SIGNATURE C. A. Prater	25. FUNERAL DIRECTOR'S SIGNATURE Wes. P. Stoffer	ADDRESS Sullivan Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Donald Russell*

Signed.....
Student Embalmer

Licensed Embalmer No. 4520

P. O. Address Sullivan

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.