0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24284

State File No. .....

FILED JUL 22 1953

BIRTH NO. ..... REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 18-1953

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cuba, Benton Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cuba, Benton 0280 0
d. STREET ADDRESS (If rural, give location) 1 Mi. N.E. of Cuba.

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) B. c. (Last) Anderson

4. DATE OF DEATH (Month) July (Day) 7 (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH July 21, 1880
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 11 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dept. Minister
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Smith County, Tenn 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Anderson
13b. MOTHER'S MAIDEN NAME Lucy West
14. NAME OF HUSBAND OR WIFE Daisy Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy Anderson, ADDRESS Cuba, 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) Cardio Vascular

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Renal Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X
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* Nov, 1952, *to* 7-7, 1953, *that I last saw the deceased alive on* 7-7, 1953, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) F B Stillwell 2 Do
23b. ADDRESS Cuba, Mo.
23c. DATE SIGNED 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 9, 1953
24c. NAME OF CEMETERY OR CREMATORY New Home Cemetery
24d. LOCATION (City, town, or county) Green Forest (State) Ark.

DATE REC'D BY LOCAL REG. 7/9/1953
REGISTRAR'S SIGNATURE Paul A. Shanklin 3720
25. FUNERAL DIRECTOR'S SIGNATURE Paul A. Shanklin ADDRESS Cuba, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1953
80

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.....

Licensed Embalmer No. 3477

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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