

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 446

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin Mo</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Ritchey Mo</u>   |  |
| c. LENGTH OF STAY (If this place) <u>4 days</u>                                       |  | d. STREET ADDRESS (If rural, give location) <u>0-730</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp.</u>                          |  |  |  |

|   |            |             |           |   |
|---|------------|-------------|-----------|---|
| 3. NAME OF DECEASED<br>(Type or Print) <u>JOSEPHINE DELL ANDERSON</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Sept 27 1953</u> |
|---|------------|-------------|-----------|---|

|                 |                           |   |                                      |   |
|-----------------|---------------------------|---|--------------------------------------|---|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan 22, 1882</u> | 9. AGE (In years last birthday) <u>71</u> Months <u>8</u> Days <u>5</u> |
|-----------------|---------------------------|---|--------------------------------------|---|

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Mc Donald County Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|--|--|

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|---|--|---|
| 13. FATHER'S NAME <u>Leonard Durbin</u> | 13b. MOTHER'S MAIDEN NAME <u>Eveline Johnson</u> | 14. NAME OF HUSBAND OR WIFE <u>John C. Anderson</u> |
|---|--|---|

|   |                                     |  |                          |
|---|-------------------------------------|--|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harlan Stinson</u> | ADDRESS <u>Joplin Mo</u> |
|---|-------------------------------------|--|--------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial stenosis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                      |  |   |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>410x</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

|  |  |   |
|--|--|---|
| 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) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from July 19 46 to Sept 27, 1953, that I last saw the deceased alive on Sept 27, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

|  |                                    |                                 |
|--|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Charles A. Moor M.D.</u> | 23b. ADDRESS <u>Peace City Mo.</u> | 23c. DATE SIGNED <u>9/28/53</u> |
|--|------------------------------------|---------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-30-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Jagamont</u> | 24d. LOCATION (City, town, or county) (State) <u>Newton O. Mo</u> |
|---|--------------------------|--|---|

|   |  |  |                              |
|---|--|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>10-1-53</u> | REGISTRAR'S SIGNATURE <u>Ed D. James</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Br...</u> | ADDRESS <u>Peace City Mo</u> |
|---|--|--|------------------------------|

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

RECEIVED OCT 5 1953

Jasper County Health Office

County File Number 53-8-~~1480~~ 802

Date Filed OCT 5 1953

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~~ .....

Edwin Wilks

working under my personal supervision.

Student Embalmer No. ....

Signed.....

Edwin Wilks

Signed.....  
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Jerice City 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.