

# STANDARD CERTIFICATE OF DEATH

State File No. **32437**

FILED SEP 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045** Registrar's No. **78**

0672

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

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Charleston</b>	c. LENGTH OF STAY (If this place) <b>2 1/2 Years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Charleston</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Res. 504 N. Johnson</b>		d. STREET ADDRESS (If rural, give location) <b>504 N. Johnson</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>	b. (Middle) <b>Alexander</b>	c. (Last) <b>Anderson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August, 15, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 22, 1850</b>	9. AGE (In years last birthday) <b>102</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Crosno, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Halbrook</b>	14. NAME OF HUSBAND OR WIFE <b>Ada Jones Anderson (Dec'd)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ida Redden, Charleston, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? <b>1561</b> YES <input type="checkbox"/> NO <input 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) (Min.)	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 **May**, 19**53**, to **Aug 15, 1953**, that I last saw the deceased alive on **Aug 15, 1953** and that death occurred at **7:34P** m., from the causes and on the date stated above.

23a. SIGNATURE (Ingeat's Hand) <b>J. P. Fenton</b>	23b. ADDRESS <b>Wyatt Mo.</b>	23c. DATE SIGNED <b>8/19/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/17/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-20-53</b>	REGISTRAR'S SIGNATURE <b>Jean Heames</b>	480-1	EMERALD FUNERAL HOME'S SIGNATURE <b>Emerald Funeral Home</b>	ADDRESS <b>176 Nunelee, Charleston, Mo.</b>
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RECEIVED

Miss. Co. Health Dept

County File No. 953

Date Filed SEP 25 1953

SEP 24 REC'D

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 Edward E. J. J. J.

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.