

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41621

State File No. ....

BIRTH NO. FILED NOV 25 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2931

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PULASKI</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (In this place) <b>65 days</b>		c. CITY OR TOWN <b>HANCOCK</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>				e. STREET ADDRESS (If rural, give location) <b>RR# 1</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOUK</b>			b. (Middle) <b>M.</b>		c. (Last) <b>ANDERSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-13-53</b>		
5. SEX <input type="radio"/> <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>10-5-90</b>		9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
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 (City and State or Foreign Country) <b>near Hancock, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>PEARCE ANDERSON</b>			13b. MOTHER'S MAIDEN NAME <b>SUSAN RHEA</b>			14. NAME OF HUSBAND OR WIFE <b>GEORGIA ANDERSON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b>				ADDRESS	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</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) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <b>CHRONIC LYMPHOCYTIC LEUKEMIA</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>RUPTURED DIVERTICULUM OF RECTUM</b>				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>WITH PERITONITIS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4201			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that <sup>VA</sup> attended the deceased from <u>9-9-53</u> , 19 <u>  </u> , to <u>11-13-53</u> , 19 <u>  </u> , <del>that I had care of the deceased</del> <del>and that death occurred at 9:30am m., from the causes and on the date stated above.</del>									
23a. SIGNATURE <i>[Signature]</i> J. T. KAMINSKAS, M.D.				23b. ADDRESS <b>VA HOSP. JEFF. BKS, MO.</b>		23c. DATE SIGNED <b>11-13-53</b>			
24a. SERIAL CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-13-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Unk.</b>		24d. LOCATION (City, town, or county) (State) <b>Dixon, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>11/13/53</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>5322 S. Grand Blvd.</b>			

REC-8  
1955  
NOV 30 1955

**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.....  
Signature of Student Embalmer

Signed *David Van Fossen*

Licensed Embalmer No. *4242*

P. O. Address *6327 So Grand*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.