

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **708**

FILED FEB 4 1954

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5326** Registrar's No. _____

280
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) Steelville, MEYAMEC	c. LENGTH OF STAY (in this place) 30 days	c. CITY (If outside corporate limits, write RURAL and give township) Cuba	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEYAMEC Nursing Home		d. STREET ADDRESS (If rural, give location) 0260	

3. NAME OF DECEASED (Type or Print) a. (First) STEPHAN b. (Middle) Patrick c. (Last) ANDERSON	4. DATE OF DEATH (Month) (Day) (Year) 1-28-1954
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH JUNE 14, 1865	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 14	IF UNDER 1 HRS. Hours 0	IF UNDER 1 MIN. Mins. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (O.R.P.)	10b. KIND OF BUSINESS OR INDUSTRY lumber work	11. BIRTHPLACE (State or foreign country) Frankford County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HARVEY ANDERSON	13b. MOTHER'S MAIDEN NAME Betty Smith	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Maude Lynn	ADDRESS Missouri, Mustang Street, McCallie 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infirmities of Age. 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? 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) 794 X
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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 **Dec. 10, 1953** to **Jan. 19, 1954**, that I last saw the deceased alive on **Jan. 19, 1954**, and that death occurred at **8:20 a.m.** from the causes and on the date stated above.

23a. SIGNATURE Maude Lynn	(Degree or title) DO	23b. ADDRESS Steelville, Mo.	23c. DATE SIGNED 1/20/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-30-1954	24c. NAME OF CEMETERY OR CREMATORY Kinder Park	24d. LOCATION (City, town, or county) (State) Cuba Mo.
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DATE REC'D BY LOCAL REG 1-30-1954	REGISTRAR'S SIGNATURE L. D. G.	25. FUNERAL DIRECTOR'S SIGNATURE Paul A. Shaulhan	ADDRESS Cuba, Mo.
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FEB 10 1960

STATEMENT BY LICENSED EMBALMER

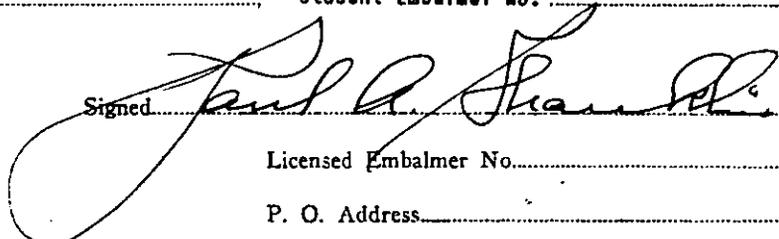
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



..... Licensed Embalmer No.

P. O. Address.....

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.