

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1018

State File No. ....

FILED FEB 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Breene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Breene</u>	
b. CITY OR TOWN <u>Walnut Grove</u>	c. LENGTH OF STAY (In this place) <u>Life time</u>	c. CITY OR TOWN <u>Walnut Grove</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		e. STREET ADDRESS (If rural, give location) <u>0390</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>(None)</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7-1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 19-1885</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Walnut Grove - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Chumbley</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Anderson - Walnut Grove Mo</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (hypostatic)</u>		<u>18 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>cerebral accident</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>hypertension diabetes mellitus</u>		<u>24 hrs</u> <u>3 year</u>
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"/>
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) <u>Walnut Grove Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Nov. 19 39, to Feb. 7, 1954, that I last saw the deceased alive on Feb. 7, 1954, and that death occurred at 7:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Davis</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Walnut Grove Mo.</u>	23c. DATE SIGNED <u>2/9/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>
DATE REC'D BY LOCAL REG. <u>2-11-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	24d. LOCATION (City, town, or county) (State) <u>Polk Co. Mo.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim - Daniel - Walnut Grove - Mo</u>		ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300  
10. 48

90  
0

VS OCT 26 1959

---

---

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.....

*Joseph L. Lawrence*  
Licensed Embalmer No. *470*  
P. O. Address *Ann Arbor*

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.