

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3863

State File No.

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **5012** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived, in institution or residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Union Star Rural		c. LENGTH OF STAY (in this place) 10 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Guilford - 0740	
		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle)	c. (Last) Anderson	4. DATE OF DEATH (Month) (Day) (Year) 2-20-1954
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan-5-1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 HRS. Hours Min
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Illie sand - Norway	12. CITIZEN OF WHAT COUNTRY USA.
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13a. FATHER'S NAME Jonas Wathne	13b. MOTHER'S MAIDEN NAME Millie Haldal	14. NAME OF HUSBAND OR WIFE Olaf Anderson-deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Nelson-Union Star	ADDRESS Union Star
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis 2 days DUE TO (c) influxing 1 Month		
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 480X	20. AUTOPSY? 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)	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 **2-11, 1954**, to **2-20, 1954**, that I last saw the deceased alive on **2-20, 1954**, and that death occurred at **8:44 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lyle A. Park, D.O.	23b. ADDRESS Union Star, Mo.	23c. DATE SIGNED 2-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-22-1954	24c. NAME OF CEMETERY OR CREMATORY Graves Cem - Guilford - Mo -	24d. LOCATION (City, town, or county) (Specify)
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DATE REC'D BY LOCAL REG. 2-22-54	REGISTRAR'S SIGNATURE William Sparks	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Hutchins	ADDRESS Marquille Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....

G M Atkinson

Licensed Embalmer No. *2279*

P. O. Address.....

Monroville Pa.

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.