

No. 300
10-48

FILED JUL 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22428**

BIRTH NO. _____ REG. DIST. NO. 17 PRIMARY REG. DIST. NO. 4118 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sparta		c. CITY OR TOWN Sparta	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Weeks		e. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence of Mrs. J. Roller			
3. NAME OF DECEASED a. (First) RANDALL b. (Middle) ROSS c. (Last) ANDERSON			4. DATE OF DEATH (Month) (Day) (Year) June 27-1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15-1863
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Music Teacher & Farmer, Retired	11. BIRTHPLACE (City and State or Foreign Country) Davenport, Iowa
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Anderson		13b. MOTHER'S MAIDEN NAME Margaret Lowry	14. NAME OF HUSBAND OR WIFE Minnie Dameron
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. Emogene Roller, Sparta, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Atherosclerosis 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"/>		4221	
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)	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 June 27, 1954 to June 27, 1954 , that I last saw the deceased alive on June 27, 1954 and that death occurred at 5:15pm , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Sparta, Mo.	23c. DATE SIGNED July 1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 30-54	24c. NAME OF CEMETERY OR CREMATORY Roller Cemetery	24d. LOCATION (City, town, or county) (State) Christian Co., Missouri
DATE REC'D BY LOCAL REG. July 24	REGISTRAR'S SIGNATURE [Signature]	507	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Clever, Mo.

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

(Signed Embalmer's Statement on Reverse Side)

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.....
John Dean Harris

Licensed Embalmer No.....*4390*

P. O. Address.....*Cleveland*

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.