

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32491

FILED OCT 14 1954

State File No. _____
Registrar's No. 2366

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544

1. PLACE OF DEATH a. COUNTY <i>Madison</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Madison</i>	
b. CITY OR TOWN <i>Southwest</i>		c. CITY OR TOWN <i>Overland 423</i>	
c. LENGTH OF STAY (in this place) <i>1 YEAR</i>		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 <i>Peace Haven Home</i>		e. STREET ADDRESS (If rural, give location) <i>2353 Walkers</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>FANNIE</i> b. (Middle) <i>MC CALE</i> c. (Last) <i>B ANDERSON</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>OCT 7 1954</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>MARCH 15 1892</i>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>62</i>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Homemaker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Evening shade Arkansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Thomas McCaleb</i>	13b. MOTHER'S MAIDEN NAME <i>Lucy King</i>	14. NAME OF HUSBAND OR WIFE <i>William A. Anderson</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>William A. Anderson</i> ADDRESS <i>2353 Walkers</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Carcinomatosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> <i>5 years</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of breast</i>		
	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"/> <i>170X</i>
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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)
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 *Sept 27 1954*, to *Oct. 7, 1954*, that I last saw the deceased alive on *9-27*, 1954, and that death occurred at *2:50 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Luis C. Byrtt M.D.</i> (Degree or title)	23b. ADDRESS <i>134 H. Adams</i>	23c. DATE SIGNED <i>10-8-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10-11-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mount Lebanon Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Fatherville Missouri</i>
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DATE REC'D BY LOCAL HEALTH DEPT. <i>10/8/54</i>	REGISTRAR'S SIGNATURE <i>Richard R. Stimpert</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Williams</i> ADDRESS <i>Overland mo</i>
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(Licensed Embalmer's Consent on Reverse Side)

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

4403

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.....
Carl F. Hillen

Licensed Embalmer No. 350

P. O. Address *Overland*

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.