

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1954

State File No. ....

NO. 300  
NO. 48  
20

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

3

|   |  |   |  |   |  |  |   |                                  |  |
|---|--|---|--|---|--|--|---|----------------------------------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>43</u>  |  | PRIMARY REG. DIST. NO. <u>5143</u>  |  | Registrar's No. <u>28</u>  |   |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>Butler</u>  |  |  |   |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Poplar Bluff, Mo.</u>  |  | c. LENGTH OF STAY (in this place)   |  | c. CITY OR TOWN <u>Poplar Bluff</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>Rendezvous, Hwy. 60 East</u>   |  |   |  | STREET ADDRESS (If rural, give location)<br><u>None</u>   |  |  |   |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Raymond</u><br>b. (Middle) <u>Maxwell</u><br>c. (Last) <u>Anderson</u>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Nov. 25, 1954</u> |   |  |  |   |                                  |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |  | 8. DATE OF BIRTH<br><u>Sept. 8, 1925</u>   |   |                                  |  |
| 9. AGE (In years)<br><u>29</u>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |  |  |   |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Pipe Line Const. Co.</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY                                |   | 11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |                                  |  |
| 13a. FATHER'S NAME<br><u>James K. Anderson</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Belle Been</u>                   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Anlee Jones Anderson</u>                             |  |   |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes W.W.2</u>  |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Anderson Poplar Bluff, Mo.</u>   |  |  |   |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.         |  |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound in chest</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>E981X</u>  |  |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Homicide</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Tavern</u>         |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Poplar Bluff Twp. Butler Mo</u>   |  |  |   |                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Nov 25-1954 9:35P.M.</u>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><u>shot in chest with shot gun</u>  |  |  |   |                                  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:35P.M.</u> , from the causes and on the date stated above. |  |   |  |   |  |  |   |                                  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Gover Wheeler</u>  |  |   |  | 23b. ADDRESS<br><u>Poplar Bluff Mo</u>  |  | 23c. DATE SIGNED<br><u>Nov 30-54</u>   |   |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>11-29-54</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>City Cem.</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Poplar Bluff, Mo.</u>  |   |                                  |  |
| DATE RECD BY LOCAL REG.<br><u>12/2/54</u>   |  | REGISTRAR'S SIGNATURE<br><u>G. A. Murrell</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Frank-Cotrell Poplar Bluff, Mo.</u>  |  |  |   |                                  |  |

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DEC 6 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

JAN 11 1955

DEC 14 1954

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 Wallace R. Krueger

Licensed Embalmer No. 751  
412 Vine  
P. O. Address poplar Bl

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.