

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35593

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6027</u>		Registrar's No. <u>46</u>				
1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Ste. Genevieve</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Minnith</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Minnith</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>950</u>						
3. NAME OF DECEASED (Type or Print) <u>Clarence</u>			a. (First)		b. (Middle) <u>Edward</u>		c. (Last) <u>Anderson</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1955</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>November 26, 1877</u>		9. AGE (In years last birthday) <u>77</u>		
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		Min				
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>Agriculture</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Augdon Anderson</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy White</u>			14. NAME OF HUSBAND OR WIFE <u>Gussie Nations Anderson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gussie Anderson, Minnith, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mal nutrition</u>  ANTECEDENT CAUSES DUE TO (b) <u>Pyloric obstruction</u> DUE TO (c) <u>Probably carcinoma of stomach.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>						INTERVAL BETWEEN ONSET AND 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)						
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 <u>Oct 14, 1955</u> , to <u>Oct 22, 1955</u> , that I last saw the deceased alive on <u>Oct 22, 1955</u> , and that death occurred at <u>10:25A.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Joseph P. Kewitt M.D.</u>				23b. ADDRESS <u>St. Marys Mo</u>				23c. DATE SIGNED <u>Oct 24 55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>October 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Fork Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo. R.F.D.</u>				
DATE REC'D BY LOCAL REG. <u>10/24/55</u>		REGISTRAR'S SIGNATURE <u>Amelia Basler</u>		481		25. EMBALMER'S SIGNATURE <u>Albert Key</u> ADDRESS <u>Perryville, Mo.</u>				

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

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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, ~~only~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Albert Bey*

Licensed Embalmer No..... 3

P. O. Address..... Perryville

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.