

FILED NOV 9 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 34729

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5212 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN <u>Richwood</u>		c. CITY OR TOWN <u>Rocky Comfort</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</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 <u>Her Home</u>		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) <u>Susie Jane Anderson</u>	a. (First) <u>Susie</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Anderson</u>	4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>1</u> (Year) <u>1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 16-1883</u>	9. AGE (In years last birthday) <u>73</u> Months <u>3</u> Days <u>15</u>	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 24 HRS. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Hester</u>	14. NAME OF HUSBAND OR WIFE <u>Noah W. Anderson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Keller Paul - Rocky Comfort Mo</u>	ADDRESS _____
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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) <u>Cerebral ANEXIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Myocardial decompensation 2yrs.</u>		
	DUE TO (c) <u>Mitral & Aortic regurgitation</u> <u>20 yrs.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			<u>5yrs.</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>410.X</u>
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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 Oct. 5, 1956, to Nov 1, 1956, that I last saw the deceased alive on Nov. 1, 1956, and that death occurred at 8:31 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fred R. Clark D.O.</u>	23b. ADDRESS <u>Wheaton, Missouri</u>	23c. DATE SIGNED <u>11/2/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-4-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort</u>	24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 6, 1956</u>	REGISTRAR'S SIGNATURE <u>O. W. Plummer</u>	FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u>	ADDRESS <u>Wheaton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600

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Nov. 6, 1956

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 *Paul D. Herbert*

Licensed Embalmer No. *45-7*.....

P. O. Address *Cassville*.....

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.