

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38420

STATE FILE NUMBER

FILED DEC 14 1956

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 530

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diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSP.</b> Length of stay in lb		d. STREET ADDRESS <b>218 1/2 MAIN ST.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CARL</b> Middle <b>ANDERSON</b> Last <b>ANDERSON</b>			4. DATE OF DEATH <b>Nov. 19, 1956</b> Month <b>Nov.</b> Day <b>19</b> Year <b>1956</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 10, 1901</b>
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months <b>55</b> Days <b>55</b> Hours <b>55</b> Min. <b>55</b>	IF UNDER 24 HRS. Months <b>55</b> Days <b>55</b> Hours <b>55</b> Min. <b>55</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRESSER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WRIGHT CLEANERS</b>	11. BIRTHPLACE (City and state or country) <b>GALLEN, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>UNK</b>	
14. MOTHER'S MAIDEN NAME <b>UNKK</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) <b>YES W.W.I</b>	
16. SOCIAL SECURITY NO. <b>492-28-3143</b>		17. INFORMANT <b>MRS. JEWELL ANDERSON,</b> Address <b>FRESNO, CALIF.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Right Heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Advanced Pulmonary fibrosis with</b> DUE TO (c) <b>chronic pulmonary tuberculosis with</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>chronic</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Less than 1 hour</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>002X</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>none</b>		
20c. TIME OF INJURY: Hour <b>---</b> Month <b>---</b> Day <b>---</b> Year <b>---</b> a. m. <b>---</b> p. m. <b>---</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Did not attend</b> and last saw her/him alive on <b>---</b> Death occurred at <b>10-19-56 1P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Wendell S. Connor Inspector of Health</b>		22b. ADDRESS <b>218 1/2 Main St. Joplin Mo</b>	22c. DATE SIGNED <b>11-23-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-24-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FRIENDS' CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>PURCELL, MISSOURI</b>
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-3-1956</b>	26. REGISTRAR'S SIGNATURE <b>Dorice Merriam</b>

County File No. 56-13-98 /  
the Filed DEC 11 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 *F. M. Jones*.....

Licensed Embalmer No. *23*.....

P. O. Address *Jaysville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.