

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18186**
Registrar's No. **88**

FILED JUN 13 1957

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY OR TOWN Lecoma	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 days		e. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hospital			

3. NAME OF DECEASED (Type or Print) JAMES WESLEY ANDERSON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH June 3, 1957
--	------------	-------------	-----------	--------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6, 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 3 Days 27	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME John Anderson	13b. MOTHER'S MAIDEN NAME Vienna Eves	14. NAME OF HUSBAND OR WIFE Bessie Anderson
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Claude Anderson, Overland Missouri	ADDRESS
--	-------------------------------------	---	-----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 2 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) (Min.)	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 **May 28, 1957**, to **June 3, 1957**, that I last saw the deceased alive on **June 3, 1957**, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. F. Anderson M.D. (Degree or title)	23b. ADDRESS 213 W 8th Rolla Mo	23c. DATE SIGNED 6/5/57
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 5, 1957	24c. NAME OF CEMETERY OR CREMATORY Anutt Cemetery	24d. LOCATION (City, town, or county) (State) Anutt, Missouri
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. June 5, 1957	REGISTRAR'S SIGNATURE Nadine L. Stoeck	25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons	ADDRESS Null & Sons Funeral Home...Rolla, Mo.,
--	---	---	---

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

380

RECEIVED

Phelps County Health Officer,

County File Number 728

Date Filed 6/12/57

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 S. L. Miller.....

Licensed Embalmer No. 3397.....

P. O. Address Rolla, Mo......

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.