

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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25090

STATE FILE NUMBER

FILED AUG 6 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WEBB CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1302 W. AUSTIN			Length of stay in lb 10 YRS.		d. STREET (If outside, give location) ADDRESS 1302 W. AUSTIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) SETH First MARTIN Middle ANDERSON Last				4. DATE OF DEATH Month JULY 27 Day 26 Year 1957				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 22, 1885		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 10 Days 0 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY ENGINEER		11. BIRTHPLACE (City and state or country) GOTENBURG, SWEDEN		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME PIER ANDERSON				14. MOTHER'S MAIDEN NAME HULDA MUNSON				
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.		17. INFORMANT MRS JESSIE D. ANDERSON Address WEBB CITY, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) cerebral arteriosclerosis. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X							INTERVAL BETWEEN ONSET AND DEATH Instant Unknown	
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.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 1-20-51 to 7-26-57 and last saw ^{her} him alive on 6-27-57 . Death occurred at 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Anderson M S				22b. ADDRESS Webb City Mo.		22c. DATE SIGNED 7/29/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/30/57	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL		23d. LOCATION (City, town, or county) (State) JOPLIN, MO.			
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO. ADDRESS				25. DATE RECD. BY LOCAL REG. 7-30-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

(Licensed Embalmer's Statement on Reverse Side)

County of ...
Date Filed AUG 5 1957

AUG 8 1957

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 Richard Gray Law

Licensed Embalmer No. 44

P. O. Address Waddell

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 stated above.