

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27828**

FILED SEP 9 1957

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **281**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.	
c. LENGTH OF STAY (In this place) 3 wks & 8 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 2018 Livingston Drive	

3. NAME OF DECEASED (Type or Print) a. (First) CURRY b. (Middle) RUFUS c. (Last) ANDERSON			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 31, 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUGUST 22, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) VANDALIA, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME BOB ANDERSON	13b. MOTHER'S MAIDEN NAME MARTHA RICE	14. NAME OF HUSBAND OR WIFE LUTE NOEL ANDERSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 366-05-8047	17. INFORMANT'S SIGNATURE OR NAME JOHN F. ANDERSON ADDRESS 2018 Livingston Dr. JC, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Cardiovascular Disease				5 yrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Fracture neck of femur				3 weeks
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)	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 **June 1, 1957**, to **Aug. 31, 1957**, that I last saw the deceased alive on **AUG 30**, 1957, and that death occurred at **6.40 Am.**, from the causes and on the date stated above.

23a. SIGNATURE L. B. Hebl (Degree or title) M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 8-31-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial	24b. DATE Sept. 2, 1957	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	24d. LOCATION (City, town, or county) (State) Madison, Missouri
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DATE REC'D BY LOCAL REG. 31 Aug 1957	REGISTRAR'S SIGNATURE R. C. Darris, MD-MR.	25. FUNERAL DIRECTOR'S SIGNATURE Fred W. Thompson ADDRESS Madison, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

02-10

8-0

OCT 17 1957

SEP 27 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
Student Embalmer

Signed _____

Leul A Johnson

Licensed Embalmer No. 1426

P. O. Address Madison, Md

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 this body is not embalmed, fact should be so stated above.