

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **47809**

FILED JUN 23 1958

0730

BIRTH NO. _____		REG. DIST. NO. <u>343</u>		PRIMARY REG. DIST. NO. <u>4364</u>		Registrar's No. <u>64</u>		
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>				
b. CITY OR TOWN <b>Stella</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>Fairview</b>		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 <b>Cardwell Memorial</b>				e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <b>Dorothy Mae Anderson</b>			a. (First) <b>Dorothy</b>			b. (Middle) <b>Mae</b>		
c. (Last) <b>Anderson</b>			4. DATE OF DEATH <b>Sept. 5 1957</b>			4. DATE (Month) (Day) (Year)		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July, 31, 1898</b>		
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>I</b>		IF UNDER 24 HRS. Hours <b>4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Casey Illinois</b>		
13a. FATHER'S NAME <b>D.K.</b>			13b. MOTHER'S MAIDEN NAME <b>Etta Mae Roberts</b>			14. NAME OF HUSBAND OR WIFE <b>Robert Earl Anderson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>David L. Anderson, Neosho Mo.</b>		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Convulsions</b> ANTECEDENT CAUSES <b>Diabetes</b> Morbidity 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. <b>260X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b> <b>20 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <b>2</b> 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 <b>2-9, 1957</b> , to <b>9-5, 1957</b> , that I last saw the deceased alive on <b>9-4, 1957</b> , and that death occurred at <b>9:35 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Charles F. Moore D.O.</b>				23b. ADDRESS <b>Pierce City, Mo</b>		23c. DATE SIGNED <b>9-7-57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 8, 57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dice Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Newton County Missouri</b>			
DATE REC'D BY LOCAL REG. <b>9-13-57</b>		REGISTRAR'S SIGNATURE <b>Mildred Moherly</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McQueen Funeral Home Wheaton Mo.</b>			

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

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RECEIVED

District Health Officer No. *Newton*  
District File Number *158-131*  
Date Filed *JUN 17 1950*

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. Herbest*

Licensed Embalmer No. *4576*  
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.