

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1930

State File No. ....

FILED JAN 20 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5691 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Linn County, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Laclede (R.F.D.)</u> ) c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY <u>R. F. D.</u> OR TOWN <u>Laclede, Missouri</u> 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 <u>Home-Laclede, Missouri</u>			
e. STREET ADDRESS (If rural, give location) <u>0580</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Washington</u>	c. (Last) <u>Anderson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 8, 1863</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Peoria County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>George Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Carter</u>
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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) <u>No</u>	16. SOCIAL SECURITY <u>493-42-39820</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Betsy Anderson Laclede Mo.</u> ADDRESS <u></u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>  <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> 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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>446X</u> (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 3-21, 1956, to 1-14, 1958, that I last saw the deceased alive on 2-13, 1958, and that death occurred at 4:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. H. Patten</u> (Degree or title) <u>Jo.</u>	23b. ADDRESS <u>Brookfield Mo.</u>	23c. DATE SIGNED <u>1-15-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-15-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-16-58</u>	REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BROTHERS FUNERAL HOME</u> ADDRESS <u>Laclede, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0580

JAN 2 1958

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..... *Blake Glidden*

Licensed Embalmer No. *5010*

P. O. Address *Laclede*

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.