

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006778

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 30

| | | | | | | |
|---|-----------------------------------|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pandora | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Richland, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp. | | Length of stay in 1b 10 Days | d. STREET ADDRESS (If outside, give location) Rural Rt. # | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Charles Middle Elder Last Anderson. | | | 4. DATE OF DEATH Month Feb. Day 19, Year 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Unknown-1882 | 9. AGE (In years at birthday) 75 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer. | | 10b. KIND OF BUSINESS OR INDUSTRY Barber. | 11. BIRTHPLACE (City and state or country) Richland, Mo | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Ola Anderson. | | 13b. MOTHER'S MAIDEN NAME Ellen - Unknown. | | 14. NAME OF HUSBAND OR WIFE Clara 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 Oliver Harris 6291A Burtmer St. St. Louis, 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) Hypostatic pneumonia | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 wks. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardio-vascular disease | | | | | DUE TO (c) yes | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4221 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 Death occurred at Feb 11-58 11:15 A and last saw her alive on Feb 19-58 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE L. S. Myers P.O. | | 22b. ADDRESS Richland, Missouri | | 22c. DATE SIGNED 2-20-58 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb. 20/58 | 23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery | 23d. LOCATION (City, town, or county) (State) Richland, Mo Rural Rt # | | | |
| 24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Richland, Mo | | 25. DATE RECD. BY LOCAL REG. 2-20-58 | 26. REGISTRAR'S SIGNATURE Clara Anderson | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 28 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 *Clarence Moss*

Licensed Embalmer No. *4896*
P. O. Address *Waynesville*

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.