

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010889

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 264 Primary Registration District No. 5891 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bridges Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>MAMMOTH</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Length of stay in lb <u>life</u>		d. STREET ADDRESS (If outside, give location) <u>Bridges Twp</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Franklin</u> Last <u>Anderson</u>				4. DATE OF DEATH Month <u>3</u> Day <u>16</u> Year <u>58</u>								
5. SEX <u>M</u> <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-30-1879</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>8</u> IF UNDER 24 HRS.: Hours <u>7</u> Min. <u>8</u>				
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>FARM</u>		11. BIRTHPLACE (City and state or country) <u>Mammoth, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13. FATHER'S NAME <u>Crawford Anderson</u>				14. MOTHER'S MAIDEN NAME <u>Julia Sims</u>								
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 NO.		17. INFORMANT <u>Pearl Woods, Gainesville, Mo</u>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>								INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) <u>Arterial Hypertension</u>		<u>4201</u>		<u>3 yr</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Peptic ulcer?</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>									
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>5-19-1950</u> to <u>Mar 16, 1958</u> and last saw her alive on <u>Mar 10, 1958</u> Death occurred at <u>4: PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <u>M. J. Haerman D.O.</u>						22b. ADDRESS <u>Gainesville, Mo</u>			22c. DATE SIGNED <u>2/21/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>3-15-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mammoth</u>			23d. LOCATION (City, town, or county) <u>Mammoth Mo</u>					
24. FUNERAL DIRECTOR <u>Colin King Beard - Gainesville</u>				25. DATE RECD. BY LOCAL REG. <u>3-22-58</u>		26. REGISTRAR'S SIGNATURE <u>Shana Mahan</u>						

(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public service, 300, -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. H. P. Elvey*.....

Licensed Embalmer No. *48*.....

P. O. Address *Caen...*

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 so stated above.