

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011167
STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 301

Primary Registration District No. 6044

Registrar's No. 576

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-57
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1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley 0910	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Township		c. CITY OR TOWN Pine	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXX Pine Home		d. STREET ADDRESS (If outside, give location) Rt 1 None	
Length of stay in lb 68 yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ida Middle Lee Last Anderson			4. DATE OF DEATH Month March Day 6 Year 1958		
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5. SEX Female	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 Dec. 19, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Randolph County, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ruben Upshaw	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Montro 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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Earl Dalton	Address Pine, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour.
DUE TO (b) Arteriosclerotic Heart Disease		
DUE TO (c) 4200		2 year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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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
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21. (attended the deceased from Death occurred at 3/15/58 to 3/16/58 and last saw her alive on 3/4/58 11:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Johnson MD (Degree or title)	22b. ADDRESS Doniphan, Mo	22c. DATE SIGNED 3/8/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Bardley Cemetery	23d. LOCATION (City, town, or county) (State) Bardley, Missouri
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24. FUNERAL DIRECTOR Edwards Funeral Home	ADDRESS Doniphan, Mo.	25. DATE RECD. BY LOCAL REG. 3-12-1958	26. REGISTRAR'S SIGNATURE Frank Johnson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only Standard Form No. 1001. All diseases in Part I must be causally related.

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Gene H Parent

Licensed Embalmer No. 4809
P. O. Address Naylor, Mo

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.