

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010665
STATE FILE NUMBER
2 2269

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1-57
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192
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>2516-A Cora</u>	
3. NAME OF DECEASED (Type or print) First <u>LILLIAN</u> Middle <u>M.</u> Last <u>ANDERSON</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>3</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</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>Dec. 11, 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School-Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>	11. BIRTHPLACE (City and state or country) <u>Marshall, Missouri</u>
13a. FATHER'S NAME <u>ROBERT REED</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES ANDERSON</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. <u>Unknown</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>EMBOLUS IN THE ABDOMINAL AORTA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>RECENT</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ACUTE MYOCARDIAL INFARCTION</u>			
DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>a.m.</u> Month, Day, Year <u>p.m.</u>			
20d. INJURY OCCURRED WHILE AT <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 <u>JAN. 15, 1959</u>		COUNTY <u>Marshall</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>6:00 P.M.</u> to <u>MARCH 3, 1959</u> and last saw her alive on <u>MARCH 3, 1959</u>		Death occurred at <u>6:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>C. O. Varnell, M.D.</u> (Decease or title)		22b. ADDRESS <u>BARNES HOSPITAL</u>	
22c. DATE SIGNED <u>3/4/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3/6/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Fairview</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	
24. FUNERAL DIRECTOR <u>Marion's Office</u> ADDRESS <u>2114 Mo. Ave. East St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 5 '59</u>	
26. REGISTRAR'S SIGNATURE <u>W. C. Smith, M.D.</u>			

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 Frank Prokopff

Licensed Embalmer No. 4356

P. O. Address... St. Louis, 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.