

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1959

59-031206

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elk</u>		Length of stay in 1b <u>1 hour</u>		c. CITY OR TOWN <u>Catron</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>R# 1 Catron</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Calvin</u> Middle <u></u> Last <u>Anderson</u>			4. DATE OF DEATH Month <u>August</u> Day <u>16</u> Year <u>1959</u>							
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negroid</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>3/1/1899</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and state or country) <u>Vicksburg, Miss.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Annie Anderson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>438-03-5295</u>		17. INFORMANT Address <u>Annie Anderson Catron, R# 1</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>12ga shotgun wound in chest.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Struck by 12ga shotgun fired by</u>							
20c. TIME OF INJURY <u>1 a.m.</u> Month, Day, Year <u>8/10/59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>farm home</u>									
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>		20f. CITY, TOWN, OR LOCATION <u>Route 1 Catron</u>		COUNTY <u>Stoddard</u>		STATE <u>Mo.</u>				
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>1 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <u>Mark Watkins</u>			22b. ADDRESS <u>Dexter, Missouri</u>			22c. DATE SIGNED <u>8-14-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8/20/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vicksburg Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Vicksburg, Mississippi</u>					
24. FUNERAL DIRECTOR <u>Watkins & Sons</u>			ADDRESS <u>Dexter, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-21-59</u>		26. REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Paul Metalkin

Licensed Embalmer No. 4964

P. O. Address Depto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.