

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002315

FILED VS. JAN 25 1960 174

Primary Registration District No. 3035 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lafayette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Length of stay in 1b 52 years	c. CITY OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME, Tevis Bridge Road			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Tevis Bridge Road	
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH CARL ANDERSON			4. DATE OF DEATH Month Day Year January 18 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 21 1907	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction Co	11. BIRTHPLACE (City and state or country) Sweden		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Karl G. Anderson		13b. MOTHER'S MAIDEN NAME Karolina Larson		14. NAME OF HUSBAND OR WIFE None**	
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. 487-05-8160		17. INFORMANT Address Mrs. Alma Roncelli, Lexington, 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) Coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Previous attack Coronary thrombosis Dec. 1959					
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 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 a.m. p.m. Month, Day, Year					
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 12/11/59 to 1/18/60 and last saw her 1/18/60 Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ben H. Beasler M.D.			22b. ADDRESS Lexington, Mo.		22c. DATE SIGNED 1/19, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/20/1960	23c. NAME OF CEMETERY OR CREMATORY Machpelah	23d. LOCATION (City, town, or county) Lexington, Missouri.		(State)
24. FUNERAL DIRECTOR Benesh G. Geigel, Lexington Mo		25. DATE RECD. BY LOCAL REG. 1-22-60	26. REGISTRAR'S SIGNATURE Thomas E. Eastbrook		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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

Garrett F. Kungel

Licensed Embalmer No.

3273

P. O. Address

Livingston, N.J.

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.