SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 103 -61- 024561 STATE FILE NUMBER

FILED JUL 18 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville — Length of stay in Hb: 3 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cooper
c. CITY OR TOWN: Bunceton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): gen del. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Vinnie Middle: Last: Anderson

4. DATE OF DEATH: Month: July Day: 12 Year: 1961

5. SEX: female

6. COLOR OR RACE: negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: unknown

9. AGE (last birthday): aprox 75 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HR: Hours: Min.:

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): California, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Louis Petiette

13b. MOTHER'S MAIDEN NAME: Annie Parker

14. NAME OF HUSBAND OR WIFE: Henry Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Henry Anderson Address: Bunceton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Burns of arms + body — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): smoking
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Lighting pipe, caught clothing afire

20c. TIME OF INJURY: Hour 5 a.m. p.m. — Month, Day, Year: 7-11-61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): about home

20f. CITY, TOWN, OR LOCATION: Bunceton COUNTY: cooper STATE: mo

21. I attended the deceased from July 11-61 to July 12-61 and last saw her alive on July 11
Death occurred at 4 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. R. Chamberlain MD

22b. ADDRESS: Boonville mo

22c. DATE SIGNED: 7-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: July 14/61

23c. NAME OF CEMETERY OR CREMATORY: Bunceton Cemetery

23d. LOCATION (City, town, or county) (State): Bunceton, Mo.

24. FUNERAL DIRECTOR ADDRESS: Jewell E. Richards Tipton, Mo.

25. DATE RECD. BY LOCAL REG.: 7-13-61

26. REGISTRAR'S SIGNATURE: D. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1961

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 Jewell E. Rich

Licensed Embalmer No. 2466

P. O. Address Lyston

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