

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025170

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 236 Primary Registration District No. 5815 Registrar's No. 54

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 28 1963

VS 300
Rev. 4/59

1 0710

2 0710-

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4 0

5 1

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7 1

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9 5271

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12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAW CREEK		Length of stay in 1b 1 MONTH	c. CITY OR TOWN 6 mi S of Versailles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) JAMES William ANDERSON			4. DATE OF DEATH Month JUNE Day 24 Year 1963
5. SEX MALE	6. COLOR OR RACE CAU	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 17 Jun '95
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 0 Days 7	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 1 month		10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (City and state or country) SWAN, IOWA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME BEN. P. ANDERSON	
13b. MOTHER'S MAIDEN NAME MARY L. Billick		14. NAME OF HUSBAND OR WIFE Cpl B. Alvin Anderson	
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. [REDACTED]	17. INFORMANT Address 1244 Cpl B Anderson - Versailles Mo
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SPONTANEOUS PNEUMOTHORAX Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Emphysema DUE TO (c) 			INTERVAL BETWEEN ONSET AND DEATH 30 min 10 yrs
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 1957 to 6-24-63 and last saw ^{her} him alive on 6-24-63 Death occurred at 235 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack Gunn MD (Degree or title)		22b. ADDRESS Versailles, Mo.	22c. DATE SIGNED 6.25.63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 26 Jun 63	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) (State) Rocky Mt. Missouri
24. FUNERAL DIRECTOR Kidwell 11 Avinl Home - Versailles, Mo		25. DATE RECD. BY LOCAL REG. 6-27-63	26. REGISTRAR'S SIGNATURE J. H. Washburn <i>By Jessie Shultz, Dep Reg</i>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 15 1968

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. Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.