

FILED JAN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2002

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5836 Registrar's No. 4

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY OR TOWN <u>RURAL - NEOSHO RT 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - NEOSHO ROUTE 1</u>	
c. LENGTH OF STAY (In this place) <u>ENTIRE LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BELLE</u> b. (Middle) _____ c. (Last) <u>ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13 1949</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 26 1865</u>		9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI (D)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
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13a. FATHER'S NAME <u>LEONARD BOWERS</u>		13b. MOTHER'S MAIDEN NAME <u>MARVINA COX</u>		14. NAME OF HUSBAND OR WIFE <u>MARION ANDERSON</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GERTIE WELLS</u> ADDRESS <u>NEOSHO - ROUTE 1</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia - of upper lobe</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bad patient for 3 years from stroke</u>					
		DUE TO (c) <u>Arterio Sclerosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE - HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from Jan 5, 1949, to Jan 13, 1949, that I last saw the deceased alive on Jan 5, 1949, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Yanson M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>1/18/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN. 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HORNET CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 18, 1949</u>		REGISTRAR'S SIGNATURE <u>Malvin C. Bonkman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark - Bigham Mort.</u> ADDRESS <u>Neosho Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. *Newton Co. Health Unit*
District File Number *149-25*
Date Filed *1-26-49*

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.

Signed _____
Student Embalmer

Signed *H. Ly - White*
Licensed Embalmer No. *4246*
P. O. Address *Neosho, 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 this body is not embalmed, fact should be so stated above.