

CERTIFICATE OF DEATH

State File No. 6010

FILED JUN 9 1954

REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 092 Registrar's No. 17

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Missouri</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steel Valley</u> c. LENGTH OF STAY (in this place) <u>1 yr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wasson Hosp</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steel</u> <u>St. 3.</u> d. STREET ADDRESS (If rural, give location) <u>W. A. Tump</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Anderson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-49</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>9-15-1905</u> |
| 9. AGE (In years last birthday) <u>43</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>House Work</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Sattelle, Miss</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Leavis Gilliam</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ella Lockhart</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Sam Anderson</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME <u>Stella M.</u> ADDRESS | |
| MEDICAL CERTIFICATION | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____ | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>D. C. McLean</u> | | 23b. ADDRESS <u>M. D. Holland, Missouri</u> | |
| 23c. DATE SIGNED | | 24a. NAME OF CEMETERY OR CREMATORY | |
| 24b. DATE <u>2-27-49</u> | | 24c. LOCATION (City, town, or county) (State) <u>Seaton Mo</u> | |
| 24d. DATE REC'D BY LOCAL REG. <u>6-5-64</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Tump</u> | |
| 25. FUNERAL DIRECTOR'S ADDRESS <u>W. A. Tump</u> | | 26. NAME OF CEMETERY OR CREMATORY <u>W. A. Tump</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

6/1954

JUN 22 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.