

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13377

State File No.

BIRTH NO.		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>4411</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PATTIE</u> b. (Middle) <u>FRIED</u> c. (Last) <u>SANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1949</u>				
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>May 10 1957</u>	
9. AGE (In years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		11. BIRTH PLACE (State or foreign country) <u>Louisiana MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTH PLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>James M. Fair</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Phillipa Walker</u>			14. NAME OF HUSBAND OR WIFE <u>H. S. Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>+</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray P. Sanderson</u> ADDRESS <u>Bowling Green MO</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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) m.		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 <u>May 9th, 1949</u> , until <u>April 22nd 1949</u> , that I last saw the deceased alive on <u>April 22nd 1949</u> , and that death occurred at <u>8:30 A.M.</u> of the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James B. Briggs, M.D.</u>				23b. ADDRESS <u>Bowling Green, MO</u>		23c. DATE SIGNED <u>4/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green MO</u>	
DATE REC'D BY LOCAL REG. <u>4-28-49</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bonhead</u>		ADDRESS <u>Bowling Green MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 549

Date Filed MAY 10 1949

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 Harold C. Kins

Signed _____
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Doubling, Ill

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.