

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24046

State File No. ....

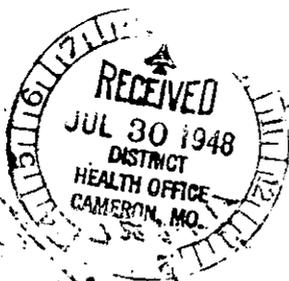
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5694 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Chillicothe Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Chillicothe Twp.</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>5 miles N.W. Chillicothe</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 miles N.W. Chillicothe</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>Scott</b>	
c. (Last) <b>Anderson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-24-49</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 25, 1870</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Chillicothe, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>I. M. Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Molly Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Annie B. Anderson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Chas. Gallatin; Chillicothe, Mo.</b>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tobacco pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 da</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <b>Senile dementia</b>	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) <b>Senile dementia</b>	
DUE TO (c)		6 mo	
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		491X	
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, drug, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <b>July 10, 1949</b> to <b>July 24, 1949</b> that I last saw the deceased alive on <b>July 24, 1949</b> and that death occurred at <b>5:42 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. M. Russell</b> (Degree or title)		23b. ADDRESS <b>Chillicothe Mo</b>	
23c. DATE SIGNED <b>7/27/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-26-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Anderson</b>		24d. LOCATION (City, town, or county) (State) <b>Livingston County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 26-49</b>		REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Funeral Home; Chillicothe, Mo.</b>		ADDRESS	

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

NOV 1 1948



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 \_\_\_\_\_

Joseph M. Gibson

Student Embalmer No. 605

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Elton J. Norman*

Licensed Embalmer No. 4036

P. O. Address: Chillicothe, 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.