

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26371

BIRTH NO.		REG. DIST. NO. 5-8		PRIMARY REG. DIST. NO. 5214		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandin Rural</u>		c. LENGTH OF STAY (in this place) <u>9 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandin Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>one mile west of Grandin Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>one mile west of Grandin Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>		b. (Middle) <u>Raymond</u>		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 27 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>November 7th 1888</u>	
9. AGE (in years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		11. BIRTHPLACE (State or foreign country) <u>Redbud, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Rheinecke</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Anderson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-12-3509</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eva Anderson Grandin 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis of coronary arteries</u> 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 <u>4502</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-1-1948</u> , to <u>8-27-1949</u> , that I last saw the deceased alive on <u>8-27-1949</u> , and that death occurred at <u>11:45 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. Edgar Adamson, M.D.</u>				23b. ADDRESS <u>Sanicshaw, Mo.</u>		23c. DATE SIGNED <u>8-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grandin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 30-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Peta Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Means, Doniphan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5

District File Number 949580

Date Filed 9/6/49

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.

Student _____
Student Embalmer

Signed Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.