

FILED SEP 9 1949 STANDARD CERTIFICATE OF DEATH

State File No. 27678

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 108			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>					
b. CITY OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY OR TOWN <u>Waynesville</u>		25			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dewitt Hosp. D</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hermon</u> b. (Middle) <u>Carl</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 1949</u>						
5. SEX <u>MC</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 9, 1911</u>			
9. AGE (In years last birthday) <u>37</u>		10. MONTHS <u>8</u>		11. DAYS <u>14</u>		12. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pulaski Co Mo D</u>			
13a. FATHER'S NAME <u>Carl Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Manes</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Mae Anderson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>uk</u>		16. SOCIAL SECURITY NO. <u>uk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Anderson</u> ADDRESS <u>Waynesville 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral aneurysm</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>15 hours</u> <u>12 34</u> <u>32</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>country road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waynesville Pulaski Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 25 49 5A m.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Car driven off bluff</u> <u>25</u>					
22. I hereby certify that I attended the deceased from <u>6:1</u> , 19 <u>48</u> , to <u>8:25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-25</u> , 19 <u>49</u> , and that death occurred at <u>9:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Eugene J. Seishan M.D.</u>				23b. ADDRESS <u>Waynesville Mo</u>		23c. DATE SIGNED <u>8-29-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waynesville Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-7-49</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. Halper & Sons</u> ADDRESS <u>Waynesville Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

M. Hoops

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0-11

SEP 7 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.

Student
Student Embalmer

Signed_____

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.