

FILED AUG 24 1949

STANDARD CERTIFICATE OF DEATH

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY-REG. DIST. NO. 6225 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Union</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> OR TOWN <u>39</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> OR TOWN <u>39</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Male Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>603 Normal</u>	
3. NAME OF DECEASED (Type or Print) <u>JOHN L. ANDERSON</u> (First) (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>8-8-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 30-1880</u>
9. AGE (In years last birthday) <u>68</u> Months <u>9</u> Days <u>8</u>		10. KIND OF BUSINESS OR INDUSTRY <u>no</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <u>clerk</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas Anderson</u>	
13b. MOTHER'S MAIDEN NAME <u>Marina McFall</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. J. L. Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>hospital record</u>		ADDRESS <u>Union</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>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>9</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>none</u>		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) 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>1-9-1948</u> to <u>8-8-1949</u> , that I last saw the deceased alive on <u>8-8-1949</u> , and that death occurred at <u>3:20 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. J. Hall</u> (Degree or title)		23b. ADDRESS <u>Greene</u>	
23c. DATE SIGNED <u>8-8-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>August 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Conway, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. N. Springfield</u>	
DATE REC'D BY LOCAL REG. <u>8/11/49</u>		REGISTRAR'S SIGNATURE <u>Ruthlyn H. Spaulding</u> ADDRESS <u>B. F. U.</u>	

AUG 24 1949

AUG 30 1949

RECEIVED

District Health Officer No. 7,

District File Number 7-49-286

Date Filed 8-22-49

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 Bernard F. Wright

Licensed Embalmer No. 42931

P. O. Address Springfield, 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.