FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29180

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5023 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Clay twsp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Clay Twsp.
d. STREET ADDRESS (If rural, give location): 3 00

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Grant
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): 9 12 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4 - 14 - 1864
9. AGE (In years last birthday): 85 — If under 1 year: Months 4, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Petersberg. Ind.
12. CITIZEN OF WHAT COUNTRY?: Am.

13a. FATHER'S NAME: William Anderson
13b. MOTHER'S MAIDEN NAME: Marie Peentiss
14. NAME OF HUSBAND OR WIFE: Unice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Siegel Anderson — **ADDRESS**: Rock Port.

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) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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 bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Sept. 9, 1949 *to* Sept. 12, 1949, *that I last saw the deceased alive on* Sept 12, 1949, *and that death occurred at* 8.30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G.A. Reutter G.A. Reutter M.D.
23b. ADDRESS: Rockport, Mo.
23c. DATE SIGNED: 9/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/14/1949
24c. NAME OF CEMETERY OR CREMATORY: Millsap Cem.
24d. LOCATION (City, town, or county) (State): Rock Port. Mo.,

DATE REC'D BY LOCAL REG.: 9-13-49
REGISTRAR'S SIGNATURE: Betty Crabtree
25. FUNERAL DIRECTOR'S SIGNATURE: Bartholomew Mortuary — **ADDRESS**: Rock Port Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 5 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 _____

This body was not embalmed. , Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Grady Bartholow

Licensed Embalmer No. 3173

P. O. Address Rock Port. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.