

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38002

BIRTH NO. 124		REG. DIST. NO. 215		PRIMARY REG. DIST. NO. 5713		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Richwoods		c. LENGTH OF STAY (In this place) 96 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Richwoods			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Pierce		a. (First) b. (Middle) c. (Last) Butler Anderson		4. DATE OF DEATH (Month) (Day) (Year) 11 10 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9/3/1853	
9. AGE (In years last birthday) 96		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maries County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Thomas Anderson		13b. MOTHER'S MAIDEN NAME Letha Firquon		14. NAME OF HUSBAND OR WIFE Susannah Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Houck Anderson, Hancock, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis 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 June 19, 1949 to Nov. 8, 1949, that I last saw the deceased alive on Nov. 2, 1949, and that death occurred at 1 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. A. Gould M.D.				23b. ADDRESS Iberia, Mo.			
23c. DATE SIGNED 11/14/49				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 11/13/1949				24c. NAME OF CEMETERY OR CREMATORY Seaton			
24d. LOCATION (City, town, or county) (State) Maries County, Missouri				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri			
DATE REC'D BY LOCAL REG. Nov. 17-49				REGISTRAR'S SIGNATURE Jessie Perkins			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Nov. 9- 1949

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Fred D. Gilbert

Licensed Embalmer No. *2341*

P. O. Address *Dixon, Missouri*

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.