

FILED DEC 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 42050

Registrar's No. 367

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smiley Home</u>				d. STREET ADDRESS (If rural, give location) <u>Smiley Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Anderson</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1949</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 21, 1873</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Higbee, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Elijah Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Huldah Scott</u>	
14. NAME OF HUSBAND OR WIFE <u>Mont Anderson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tole Burton; Jacksonville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. myocoritis</u> ANTECEDENT CAUSES Morbidity 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 <u>12-16-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ch. myocoritis</u>	
20. AUTOPSY? YES ☐ NO ☒		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Roanoke, Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>12-16-49</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	
21f. HOW DID INJURY OCCUR? <u>none</u>		22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>49</u> , to <u>Dec 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>49</u> , and that death occurred at <u>4:15</u> p.m., from the causes and on the date stated above.		23a. SIGNATURE <u>H. E. Kueffner, M.D.</u>	
23b. ADDRESS <u>Moberly, Mo.</u>		23c. DATE SIGNED <u>12-15-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>12-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-16-49</u>		REGISTRAR'S SIGNATURE <u>Lois Sherrill Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>	
ADDRESS <u>Huntsville, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 27 1900

District Health Officer No.

District No. 12-49

Date Filed DEC 27 1900

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntville, 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.