

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
DELAYED

State File No. **44049**

FILED SEP 28 1950

BIRTH NO. **86550-48-10** REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4024** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cassville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cassville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dwanna</b> b. (Middle) <b>Ellen</b> c. (Last) <b>Anderson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-3-1949</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>10-5-1948</b>
9. AGE (In years last birthday) <b>0</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>28</b> Hours <b>-</b> Min. <b>-</b>		10. BIRTHPLACE (State or foreign country) <b>Cassville, Missouri</b>	
11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Sherman Anderson Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia May Davis</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sherman Anderson Jr. Cassville, Mo</b>	

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) <b>Congenital heart lesion</b> 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. <b>7544</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months + 28 day</b>	
19a. DATE OF OPERATION		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)		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 **10-5, 1948**, to **1-3, 1949**, that I last saw the deceased alive on **1-2, 1949**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Mary Northcutt M.D.</b>		23b. ADDRESS <b>Cassville, Mo.</b>		23c. DATE SIGNED <b>9-14-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-5-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Cassville, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>Sept 19-1950</b>		REGISTRAR'S SIGNATURE <b>Grace Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G.E. Culver Cassville</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

Dist. No. 5 - Springfield

RE CD SEP 25 1950

Dist. File 950 - 1996

Date Filed 9-27-50

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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

*Margaret C. Herbert*

Licensed Embalmer No. 4389

P. O. Address

Cassville

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.