

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1600

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

0520
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BIRTH NO.		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4262		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knox City Mo.		c. LENGTH OF STAY (in this place) 72 Wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knox City Mo.		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox City Mo.				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) Callie		a. (First) Maria		b. (Middle) Anderson		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb 10 1877		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months 11 Days 2		11. UNDER 1 Wk. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Knox Co. Mo. A	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Francis Marion Murphy		13b. MOTHER'S MAIDEN NAME Lucy Sanford		14. NAME OF HUSBAND OR WIFE Thomas Riley Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby McRenolds Knox City Mo.			
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) Carcinoma of Stomach ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 year 2 year 170X	
19a. DATE OF OPERATION Nov 29/49		19b. MAJOR FINDINGS OF OPERATION Obstruction of Pylorus due to C.A.				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) (Min.)		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 Dec 10, 1949 to Jan 12, 1950 , that I last saw the deceased alive on Jan 11, 1950 , and that death occurred at 11:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter R. Brown M.D.				23b. ADDRESS Knox City Mo		23c. DATE SIGNED 1/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 14 1950		24c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery		24d. LOCATION (City, town, or county) (State) Knox City Mo.	
DATE REC'D BY LOCAL REG. Jan 12-50		REGISTRAR'S SIGNATURE Neil S. Hurst		25. FUNERAL DIRECTOR'S SIGNATURE Walter R. Brown		ADDRESS Knox City Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 23 1950

District Health Officer No. 10

District File Number JAN 23 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. S. Solter

Signed.....
Student Embalmer

Licensed Embalmer No. *684*

P. O. Address *West 12th St*

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.