No. 300
10.48

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FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17391
State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 120 Henry Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0592
d. STREET ADDRESS (If rural, give location): 120 Henry Street

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

4. DATE OF DEATH (Month) (Day) (Year): May 30 1950

5. SEX: Female 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov. 15, 1882
9. AGE (In years last birthday): 67
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Utica, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: Joseph Holmes
13b. MOTHER'S MAIDEN NAME: Mary Jane Rush
14. NAME OF HUSBAND OR WIFE: Paul Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Paul Anderson; **ADDRESS**: Chillicothe, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension — unknown
DUE TO (c) unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

331X

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): Chillicothe, Livingston, Mo
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* May 25, 1950, *to* May 30, 1950, *that I last saw the deceased alive on* May 25, 1950 *and that death occurred at* 11:40 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: M. Grace (Degree or title): M.D.
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-2-50
24c. NAME OF CEMETERY OR CREMATORY: Utica
24d. LOCATION (City, town, or county) (State): Utica, Missouri

DATE REC'D BY LOCAL REG.: June-1-50
REGISTRAR'S SIGNATURE: Francis B. Neill M.D.
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Norman Funeral Home; Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 21 1950

RECEIVED
JUN 8 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

JUN 14 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 Elton F. Norman

Signed.....
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.