No. 300
10-48

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

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22573

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6243 Registrar's No. 33

1100

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Liberty
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Negi Potosi

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Liberty Twp.
d. STREET ADDRESS (If rural, give location) Near Potosi

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah
b. (Middle) Linda
c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) June 24 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH Aug. 26 1870
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months 9 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Crawford Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. N. Eggers
13b. MOTHER'S MAIDEN NAME Julia Enloe
14. NAME OF HUSBAND OR WIFE —

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 RR. ADDRESS John E. Anderson Potosi 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis R side Brain — INTERVAL BETWEEN ONSET AND DEATH

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

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

332X

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* 6/1, 1950 *to* 6/24, 1950, *that I last saw the deceased alive on* 6/23, 1950, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas. Cresswell M.D. (Degree or title)
23b. ADDRESS Potosi Mo.
23c. DATE SIGNED 6/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-26-50
24c. NAME OF CEMETERY OR CREMATORY Old Baptist Cemetery
24d. LOCATION (City, town, or county) (State) Washington Co. Mo

DATE REC'D BY LOCAL REG. 6/28/50
REGISTRAR'S SIGNATURE Helmut Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mrs Luther Sparks Potosi Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 6 19[illegible]

WASH. COUNTY HEALTH DEPT.

File No. 250-6

JUL 10 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 Murphy Parker

Signed.....
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Flat River 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.