

FILED AUG 15 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24235

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>263</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia 0804</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital # 2</u>				d. STREET ADDRESS (If rural, give location) <u>1128 Morgan</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u>			b. (Middle)		c. (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-3-1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-23-1905</u>		9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 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		11. BIRTHPLACE (State or foreign country) <u>Cooper Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Joseph Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Son Anderson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Douglas Smith</u> ADDRESS <u>Sedalia 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Postoperative following hysterectomy for massive uterine fibroids.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 1/4 X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
19a. DATE OF OPERATION <u>3 Aug 50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Massive uterine fibroid, approximately 15# weight</u>						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 <u>20 Jan, 1950</u> to <u>3 Aug, 1950</u> , that I last saw the deceased alive on <u>3 Aug, 1950</u> , and that death occurred at <u>1:50 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. W. H. S. S. S.</u>				23b. ADDRESS <u>412 1/2 S. Ohio Ave Sedalia Mo</u>		23c. DATE SIGNED <u>Jan 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo</u>			
DATE REC'D BY LOCAL REG <u>Aug 9, 1950</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. J. Ferguson Sedalia Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8/14/52

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.