

FILED SEP 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27852

883

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

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 223	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>7 years</u>		c. CITY OR TOWN <u>Moberly</u>		1883	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1208 Buchanan</u>				d. STREET ADDRESS <u>1208 Buchanan</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VICTORIA</u>		b. (Middle) <u>CAROLINA</u>		c. (Last) <u>ANDERSON</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct-8-1866</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Brunswick Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anthony Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Karpf</u>		14. NAME OF HUSBAND OR WIFE <u>John J. Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Claud Demoss</u>		ADDRESS <u>Moberly 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertatic pneumonia</u> ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial degeneration</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 <u>Dec 1948</u> , to <u>Sept 3, 1950</u> , that I last saw the deceased alive on <u>Sept 3, 1950</u> , and that death occurred at <u>900 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. McCormick D.O.</u>				23b. ADDRESS <u>300 1/2 Reed St. Moberly Mo.</u>		23c. DATE SIGNED <u>Sept 4, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 4-50</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u>		ADDRESS <u>Moberly MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: **SEP 12**
DISTRICT HEALTH OFFICE
District File Number **9-50**
Date Filed: **SEP 12 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 _____

R. M. Carter

Licensed Embalmer No. **4117**

P. O. Address *Maahery MO*

Signed.....
Student Embalmer

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.