

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31237**

BIRTH NO. 60161-50 REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4394 Registrar's No. 29

770

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

1. PLACE OF DEATH a. COUNTY <u>Frank</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Frank</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bakersfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bakersfield Mo</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Bakersfield Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-1950</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>8-26-1950</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 12 HRS. Days <u>3</u>	IF UNDER 1 MIN. Hours <u>3</u>	IF UNDER 1 MIN. Mins. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Frank Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		

13a. FATHER'S NAME <u>Viida Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>Alyne Smith</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Viida Anderson</u>	ADDRESS <u>Bakersfield</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-26, 1950, to 8-29, 1950, that I last saw the deceased alive on 8-29, 1950, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.O. J. Bowers</u>	23b. ADDRESS <u>Bakersfield, Mo.</u>	23c. DATE SIGNED <u>9-3-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/30/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkins Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Bakersfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>76-50</u>	REGISTRAR'S SIGNATURE <u>William Agwell</u>	405 FUNERAL DIRECTOR'S SIGNATURE <u>Clint Pugh</u>	ADDRESS <u>Funeral Home Mo</u>
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED SEP 11 1950

Dist. File 950-1901

Date Filed 9-19-50

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 not \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur R. Roof  
Licensed Embalmer No. 3048

P. O. Address Jamesville

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.