

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38066

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5994		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Putnam Richland				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Richland				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Richland			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Unionville Mo				d. STREET ADDRESS (If rural, give location) Unionville, Mo			
3. NAME OF DECEASED (Type or Print) Albert		a. (First) Nelson		c. (Last) Anders		4. DATE OF DEATH (Month) (Day) (Year) Nov 1 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-17-1879	
9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR 11/17/14		11. IF UNDER 2 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Anders		13b. MOTHER'S MAIDEN NAME Harriet Robison		14. NAME OF HUSBAND OR WIFE Emma Anders	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Emma Anders		ADDRESS Unionville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 21 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Nov. 1, 1950, to Nov. 1, 1950, that I last saw the deceased alive on Nov. 1, 1950, and that death occurred at 1:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE L. W. McDonald		(Degree or title)		23b. ADDRESS No 1 Unionville, Mo.		23c. DATE SIGNED 11-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 4, 50		24c. NAME OF CEMETERY OR CREMATORY Pherigo Cem.		24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.	
DATE REC'D BY LOCAL REG. 11-16-50		REGISTRAR'S SIGNATURE Marvell D. Durbin		25. FUNERAL DIRECTOR'S SIGNATURE Husted & Son		ADDRESS Unionville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1957

DEC 6 1957

Date Received: NOV 22 1956

DISTRICT HEALTH OFFICE #2

District File Number 11-50-1991

Date Filed: NOV 25 1956

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.