

FILED NOV 20 1950

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 39569

BIRTH NO.		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6165		Registrar's No. 60					
1. PLACE OF DEATH a. COUNTY STONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STONE							
b. CITY (If outside corporate limits, write RURAL and give town) RURAL HURLEY		c. LENGTH OF STAY (in this place) 61 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) RURAL HURLEY		1070					
d. FULL NAME OF HOSPITAL OR INSTITUTION RT. # 2, CRANE				d. STREET ADDRESS (If rural, give location) RT. # 2, CRANE							
3. NAME OF DECEASED (Type or Print) JAMES ADAM ANDERSON			a. (First) JAMES			b. (Middle) ADAM					
c. (Last) ANDERSON			4. DATE OF DEATH OCT. 22 1950			Month Day Year					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 24, 1889					
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Mins.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (State or foreign country) STONE CO., MISSOURI					
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME THOMAS ANDERSON			13b. MOTHER'S MAIDEN NAME VIRGINIA HOOD					
14. NAME OF HUSBAND OR WIFE ELLA SANDERS ANDERSON			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE					
17. INFORMANT'S SIGNATURE OR NAME MRS. ELLA ANDERSON, RT. 2, CRANE, MO.			ADDRESS								
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) Meningitis.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days.  4 yrs.  352X			
18a. 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) (Min)		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 1938, to Oct. 22, 1950, that I last saw the deceased alive on Oct. 21, 1950, and that death occurred at 4:10 P.M., from the causes and on the date stated above.											
23a. SIGNATURE A. P. Coyle			23b. ADDRESS M.P.O. Anna, Mo.			23c. DATE SIGNED 10-25-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 24-1950		24c. NAME OF CEMETERY OR CREMATORY SHORT		24d. LOCATION (City, town, or county) (State) STONE CO., MISSOURI					
DATE REC'D BY LOCAL REG. Nov. 6-50		REGISTRAR'S SIGNATURE Lena Murray-Dip.		317		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris, Clever, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED NOV 14 1950

Dist. File 1150-2291

Date Filed 11-17-50

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**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.

Signed John Dean Harris

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, 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.