

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41340

State File No.

0542

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3435</u>		Registrar's No. <u>115</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rock St.</u>				d. STREET ADDRESS (If rural, give location) <u>Rock St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>EIMER</u>		c. (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 7, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 26, 1862</u>		9. AGE (In years last birthday) <u>88</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mines</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Ida M. Shaw</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>Not known</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Andereon, Lex., 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>	
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)		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>27 Sept, 1950</u> to <u>17 Sept, 1950</u> , that I last saw the deceased alive on <u>16 Sept, 1950</u> , and that death occurred at <u>7:00 Am.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack P. Miller M.D.</u>		(Degree or title)		23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>12/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/19/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplelawn</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 21, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Garrett F. Tempel, Jr.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-2-51

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
Student Embalmer

Student Embalmer No.

Signed L. M. [Signature]

Licensed Embalmer No. 29839

P. O. Address Springfield, 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.