

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41714

|   |  |  |   |  |  |   |  |
|---|--|--|---|--|--|---|--|
| BIRTH NO.   |  | REG. DIST. NO. 274   |   | PRIMARY REG. DIST. NO. 3052  |  | Registrar's No. 4062  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived in institution; residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sedalia Mo</u>   |  | c. LENGTH OF STAY (In this place)<br><u>50 yrs</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sedalia</u>   |  | d. DATE OF DEATH<br><u>12-19-1950</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>121 E Henry</u>   |  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>121 E. Henry</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Harrison</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Anderson</u>  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>12-19-1950</u> |  |  |   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>2. Negro</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never married</u>   |  | 8. DATE OF BIRTH<br><u>4-4-1882</u>   |  |
| 9. AGE (In years last birthday)<br><u>68</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Chef</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Beaman Mo</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Mo</u>                              |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  | 13a. FATHER'S NAME<br><u>William Anderson</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Nellie Anderson</u>  |  | 14. NAME OF HUSBAND OR WIFE   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Betty Cole 204 E Jeff Sedalia Mo</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration heart know</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>General arteriosclerosis heart know</u><br>DUE TO (c) <u>Cerebral hemorrhage, paralysis of left arm &amp; leg Aug 1948</u> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 1/2</u>                                    |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  | 20. AUTOPSY?<br>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?<br><u>4:30 p.m.</u>   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Dec 17</u> , 19 <u>50</u> , to <u>Dec 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 19</u> , 19 <u>50</u> , and that death occurred at <u>p.m.</u> , from the causes and on the date stated above. |  |  |   |  |  |   |  |
| 23a. SIGNATURE<br><u>W. E. Bess, M.D.</u>   |  |  |   | 23b. ADDRESS<br><u>Sedalia Mo</u>  |  | 23c. DATE SIGNED<br><u>Dec 22-1950</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>12-23-50</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Crown Hill Annex</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Sedalia Pettis Mo</u>           |  |
| DATE REC'D BY LOCAL REG.<br><u>12/23/50</u>   |  | REGISTRAR'S SIGNATURE<br><u>W. E. Bess, M.D.</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>J. Price, Alexander</u>   |  | ADDRESS<br><u>Sedalia Mo</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

804

RECEIVED 1-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-9-51

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 Embalmer No. ....

Signed

*John Alexander*

Signed.....

Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.