

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3464

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>		c. LENGTH OF STAY (in this place) <u>80</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs 0970</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 West St</u>				d. STREET ADDRESS (If rural, give location) <u>200 West St. 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Monroe</u>		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Aug 15, 1970</u>	
9. AGE (In years last birthday) <u>80</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DENTIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DENTIST-RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James F. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET REIBERT</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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>Miss Sally Anderson</u>		ADDRESS <u>Sweet Springs, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure - congestive</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>carcinomatous - generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>?</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) m. _____		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>26 Dec 1950</u> , to <u>2 Jan 1951</u> , that I last saw the deceased alive on <u>2 JAN 1951</u> , and that death occurred at <u>6 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph H. Jones</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>3 Jan 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>134. V.B.I.A. (1)</u>		24b. DATE <u>JAN 4 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/3/51</u>		REGISTRAR'S SIGNATURE <u>Sally Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar A. Moore</u>		ADDRESS <u>Sweet Springs Mo</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

1-8-51
No. 3
1-8-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Edgar L. Mosley

Signed _____
Student Embalmer

Licensed Embalmer No. 4711

P. O. Address Sweet Spring, MD

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.