

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16159

State File No.

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **415-B**

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield 0396	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 907 E. Madison St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED a. (First) CHRISTINA b. (Middle) OLSON c. (Last) ANDERSON			4. DATE OF DEATH (Month) MAY (Day) 8 (Year) 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH June 6, 1863		9. AGE (In years) (of under 1 year last birthday) 87 (Months) 11 (Days) 6		10. HOURS 11 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Sweden	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Olaf Olson		13b. MOTHER'S MAIDEN NAME Christina Larson	
14. NAME OF HUSBAND OR WIFE A.G. 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 Lillian Hallingsworth		18. ADDRESS 907 E. Madison St. Springfield, Mo.		19. DATE OF OPERATION	

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) Pneumonia-bronch		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Fracture Neck Femur R		4-1-51	
DUE TO (c)				1 01030	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				6' 21	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fall		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 1 51 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? accidental fall while walking	

22. I hereby certify that I attended the deceased from **4-1-1951**, to **5-8-1951**, that I last saw the deceased alive on **5-8-1951**, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Lillian R. Webb (Degree or title) M.D.		23b. ADDRESS 609 Cherry St. Springfield		23c. DATE SIGNED 5/7/51	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE MAY 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery N. of Carl Junction, Mo.	
24d. LOCATION (City, town, or county) (State)		24e. REGISTRAR'S SIGNATURE W.E. Landry		24f. REGISTRAR'S ADDRESS Carl Junction, Mo.	
DATE REC'D BY LOCAL REG. 5-14-51		25. FUNERAL DIRECTOR'S SIGNATURE Don Roney		25. ADDRESS Carl Junction, Mo.	

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Jack C Simpson

Licensed Embalmer No. *44649*

P. O. Address *Webb City, Mo*

Signed.....
Student Embalmer

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.