

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19438**

FILED JUN 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 615

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <u>0117</u>	
c. LENGTH OF STAY (In this place) <b>8 mons.</b>		d. STREET ADDRESS (If rural, give location) <b>St. Regis Apt's-10th &amp; Faraon St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Regis Apt's-10th &amp; Faraon St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Arthur</b>	b. (Middle) <b>Richard</b>	c. (Last) <b>Anderson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 7, 1951.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 25, 1908</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Montgomery Ward Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Columbia City, Ind.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Emmett Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Banderford</b>	14. NAME OF HUSBAND OR WIFE <b>Helen Anderson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>367-10-3731</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Helen Anderson</b>	ADDRESS <b>St. Joseph, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6/7 1951, to 6/7, 1951, that I last saw the deceased alive on 6/7, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <b>420 N. 8th St. St. Joseph, Mo.</b>	23c. DATE SIGNED <b>6/8/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 8, 1951.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Smith Funeral Home</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia City, Indiana.</b>
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DATE REC'D BY LOCAL REG. <b>June 9, 1951</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	GENERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, of \*\*\*\*\*

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Student Embalmer No. \*\*\*\* \*\*\*\*

working under my personal supervision.

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Student .....  
Student Embalmer

Signed Robert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.