

0052

FILED SEP 17 1951

REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5052 Registrar's No. 60

1. PLACE OF DEATH  
a. COUNTY Barry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Barry

3. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)  
b. CITY OR TOWN Rural (Roaring River)

4. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Roaring River) 0050

5. FULL NAME OF HOSPITAL OR INSTITUTION

6. STREET ADDRESS (If rural, give location)

7. NAME OF DECEASED  
a. (First) Francis b. (Middle) H. c. (Last) Anderson

8. DATE OF DEATH (Month) (Day) (Year) 6-18-1951

9. SEX male 10. COLOR OR RACE white 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED divorced 12. DATE OF BIRTH 10-31-1908 13. AGE (In years last birthday) 42 14. IF UNDER 1 YEAR Months 15. IF UNDER 1 YEAR Days 16. IF UNDER 1 YEAR Hours 17. IF UNDER 1 YEAR Min.

18. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 19. KIND OF BUSINESS OR INDUSTRY 20. BIRTHPLACE (State or foreign country) Mammoth Springs, Ark. 21. CITIZEN OF WHAT COUNTRY? USA

22. FATHER'S NAME unknown 23. MOTHER'S MAIDEN NAME unknown 24. NAME OF HUSBAND OR WIFE

25. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes WWII 26. SOCIAL SECURITY 542-10-1849 27. INFORMANT'S SIGNATURE OR NAME ADDRESS Amos Horner-Cassville, Missouri

28. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION

29. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Electrical Shock & Burns Interval between ONSET AND DEATH 2 hours

30. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Electrocution + DUE TO (c) Fall from pole (by supp. report.)

31. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

32. DATE OF OPERATION 33. MAJOR FINDINGS OF OPERATION 34. AUTOPSY? YES ☐ NO ☒

35. ACCIDENT (Specify) SUICIDE HOMICIDE Accident 36. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm 37. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Roaring River Township Barry Mo.

38. TIME OF INJURY (Month) (Day) (Year) (Hour) June 18, 1951 1 A.M. 39. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐ 40. HOW DID INJURY OCCUR? Touched high line 67200 while repairing fence.

41. I hereby certify that I attended the deceased from June 18, 1951, to June 18, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.

42. SIGNATURE (Degree or title) Paul D. Henbest 43. ADDRESS Cassville, Missouri 44. DATE SIGNED 9-6-1951

45. BURIAL, CREMATION, REMOVAL (Specify) Burial 46. DATE 6-20-1951 47. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery 48. LOCATION (City, town, or county) (State) Monett, Missouri

49. DATE REC'D BY LOCAL REG. 9-7-1951 50. REGISTRAR'S SIGNATURE Grace Williams 51. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul D. Henbest Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

SEP 10 1951

Dist. File 951-1642

Date Filed 9-10-51

SEP 17 1951

### 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.

Student .....  
Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.