

FILED NOV 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34191

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>110</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		<u>1542</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South 9th</u>				d. STREET ADDRESS (If rural, give location) <u>South 9th street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mace</u>		b. (Middle) <u>Anderson</u>		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 19 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 10, 1875</u>			
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</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>Henry Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Jane Mayberry</u>		14. NAME OF HUSBAND OR WIFE <u>Not known deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-0422</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Johnson</u>		ADDRESS <u>South 6 St. Lexington 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>Chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of right parotid gland</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>  <u>2 yrs.</u>	
19a. DATE OF OPERATION <u>1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma parotid gland-right.</u>		1421		20. AUTOPSY? 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? _____					
22. I hereby certify that I attended the deceased from <u>10-18-1949</u> , to <u>10/18</u> , <u>1951</u> , that I last saw the deceased alive on <u>10/18</u> , <u>1951</u> , and that death occurred at <u>8:30 p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Ben H. Brasher M.D.</u> (Degree or title)				23b. ADDRESS <u>Lexington, Missouri</u>		23c. DATE SIGNED <u>10/20/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-22-51</u>		REGISTRAR'S SIGNATURE <u>M. E. Enslin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. H. Green</u>		ADDRESS <u>Lexington Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 8 - 1951  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed NOV 8 1951

DEC 9 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4220

P. O. Address Marshall 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.