

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34437

0720

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Newton</u>	b. (Middle) <u>Charles</u>	c. (Last) <u>Anderson</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 2, 1893</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>10</u> DAYS <u>9</u> HOURS <u>51</u>	
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Joseph Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Rieckels</u>		14. NAME OF HUSBAND OR WIFE <u>P. Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>072 16</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth C. Anderson</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>Strangulation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9160</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>SUFFOCATION</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>GIDEON, MO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>GIDEON NEW MADRID MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 9 51 816 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall (Home)</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>10-9-51</u> , and that death occurred at <u>815 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Lloyd M. Russell</u>		23b. ADDRESS <u>Gideon, Mo</u>		23c. DATE SIGNED <u>10-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell</u>		ADDRESS <u>Liggett & Co.</u>	
DATE REC'D BY LOCAL REG. <u>10-11-51</u>		REGISTRAR'S SIGNATURE <u>Mrs F. L. Hopkins</u>		456	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 28 1951

RECEIVED

OCT 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clayton M. Russee

Licensed Embalmer No. 509- Ark

P. O. Address Piggott, Ark.

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.