

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40648

FILED JAN 3 1952

BIRTH-NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 228	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone 0105			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 117 S. Williams St.				d. STREET ADDRESS (If rural, give location) 117 S. Williams St.			
3. NAME OF DECEASED (Type or Print) PRUETTE F. ANDERSON				4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1951			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 6, 1887	
9. AGE (In years last birthday) 64		10. MONTHS 11		11. DAYS 14		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. of Toedebusch Transfer Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 0	
13a. FATHER'S NAME W.T. Anderson				13b. MOTHER'S MAIDEN NAME Betty Baker		14. NAME OF HUSBAND OR WIFE Winifred Davis Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pruetette F. Anderson, Columbia, Mo.	
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) Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized atherosclerosis 10 yrs. 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 4201			
20. AUTOPSY? YES ☐ NO ☒							
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 ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-10, 1951, to 12-20, 1951, that I last saw the deceased alive on 12-19, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roland P. Laderson M.D.				23b. ADDRESS 1621 10th Columbia		23c. DATE SIGNED 12-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. Dec 22 1951		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-2-52

JAN 18 1952

FEB 3

1952

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, ~~only~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Clarence M. Billa

Licensed Embalmer No. 4375

P. O. Address *Quincy Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.