

STANDARD CERTIFICATE OF DEATH

40876

JAN 8 1952

State File No.

BIRTH NO.		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4071</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u> <u>0150</u>				2. USUAL RESIDENCE (Where deceased lived, in institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton</u> <u>0150</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>W</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 1951</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>Dec 17-1881</u>	
9. AGE (In years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>gardening-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>		11. BIRTHPLACE (State or foreign country) <u>Miller County Mo</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Elysa Ann Cross</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Myrtle Bunch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>in</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ollie Anderson, Camdenton, 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>Strangulation</u>							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>Rope noose</u>							
DUE TO (c) <u>Self inflicted</u>							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>E974X</u>							
19a. DATE OF OPERATION <u>Dec</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home barn</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Camdenton Camden Mo.</u>		21d. HOW DID INJURY OCCUR? <u>by hanging</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 25 1951 4:45 pm</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Dec 25, 1951</u> , to <u>Dec 25, 1951</u> , that I last saw the deceased alive on <u>Dec 25, 1951</u> , and that death occurred at <u>4:45 pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Bunker Woolery, 3, Crooner, Camdenton, Mo</u>				23b. ADDRESS <u>Camdenton, Mo</u>		23c. DATE SIGNED <u>Dec 27-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Dec 27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laughlin</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 2-1951</u>		REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>		42		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bunker Woolery Camdenton Mo</u>	

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

RECEIVED JAN 7 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 7 1952

MAR 22 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

Officer Benson - Wolcott

Licensed Embalmer No. *2488*

P. O. Address *Camden, N.J.*

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.