

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Boon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles north of Columbia</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Earl</u> c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>27</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 8 1933</u>
9. AGE (In years last birthday) <u>18</u>	10. MONTHS <u>7</u> DAYS <u>19</u>	11. BIRTHPLACE (State or foreign country) <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
13a. FATHER'S NAME <u>Richard Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gathers</u>	
14. NAME OF HUSBAND OR WIFE <u>never married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Mo State School Marshall</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>Pulmonary Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		002X	
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) m.	
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 <u>Oct</u> , 19 <u>50</u> to <u>Dec</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 27</u> , 19 <u>51</u> , and that death occurred at <u>4-30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ed Salzer D.M.D.</u>		23b. ADDRESS <u>Marshall MO.</u>	
23c. DATE SIGNED <u>Dec 27 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec 27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Boon Co. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sidney F Gray</u> ADDRESS <u>385 Campbell - Lewis Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 29-51</u>		REGISTRAR'S SIGNATURE <u>385</u>	

RECEIVED 12-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-2-52 _____

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.

Signed _____

James H. Lewis

Licensed Embalmer No. 4789

P. O. Address Marshall, Mo.

Signed _____
Student Embalmer

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.