THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **513**

FILED JAN 29 1952

BIRTH NO. _74930-51_ REG. DIST. NO. _52_ PRIMARY REG. DIST. NO. _3009_ Registrar's No. _4_

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. COUNTY _Cape Girardeau_	a. STATE _Mo_ b. COUNTY _Cape Gir_
b. CITY OR TOWN _Jackson_ c. LENGTH OF STAY (in this place) _2 months_	c. CITY OR TOWN _Jackson_
d. FULL NAME OF HOSPITAL OR INSTITUTION _Farmington Ave_	d. STREET ADDRESS (If rural, give location) _Farmington Ave_

3. NAME OF DECEASED (Type or Print) a. (First) _Stephen_ b. (Middle) _Mark_ c. (Last) _Anderson_	4. DATE OF DEATH (Month)(Day)(Year) _Jan 16 1952_

5. SEX _M_	6. COLOR OR RACE _W_	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH _Nov 15, 1951_	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months _2_ Days _1_	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) _Mo_	12. CITIZEN OF WHAT COUNTRY? _US_

13a. FATHER'S NAME _Robert F Anderson_	13b. MOTHER'S MAIDEN NAME _Marjorie McGinnis_	14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME _Robert Anderson Jackson Mo_ ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) _Sudden death (during sleep)_	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _Post Mortem X-Ray revealed_ _Markedly Enlarged Thymus_ DUE TO (c) _Gland_	
	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 _273X_	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 _Birth_, 19___ to _time of death_, 19___, that I last saw the deceased alive on _12-26_, 1951, and that death occurred at _5 A_ m. from the causes and on the date stated above.

23a. SIGNATURE _Chas. J. Herbert MD_ (Degree or title)	23b. ADDRESS _Cape Girardeau Mo_	23c. DATE SIGNED _1/19/52_

24a. BURIAL, CREMATION REMOVAL (Specify) _Burial_	24b. DATE _Jan 18, 1952_	24c. NAME OF CEMETERY OR CREMATORY _Memorial Park_	24d. LOCATION (City, town, or county) _Cape Gir. County Mo._ (State)

DATE REC'D BY LOCAL REG. _Jan 21-52_	REGISTRAR'S SIGNATURE _W. J. Seabaugh_	25. FUNERAL DIRECTOR'S SIGNATURE _McClanahan_ ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No..........................

Signed _____

Signed..................................
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address *Jackson, 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.