

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9079

State File No. ....

FILED APR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 99

644

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

1. PLACE OF DEATH a. COUNTY <u>Marion.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ralls,</u>	
b. CITY OR TOWN <u>Hannibal, Missouri.</u>		c. CITY OR TOWN <u>Center, Missouri.</u>	
c. LENGTH OF STAY (In this place) <u>2 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u>		b. (Middle) <u>C.</u>	
c. (Last) <u>Anderson.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March, 18, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never Married</u>	8. DATE OF BIRTH <u>March, 18, 1870</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri,</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert M. Anderson.</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Ann Rice.</u>	
14. NAME OF HUSBAND OR WIFE <u>None.</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W.A. Hickerson</u>		ADDRESS <u>Center, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>  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 <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOME 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar. 18, 1952</u> , to <u>Mar. 18, 1952</u> , that I last saw the deceased alive on <u>Mar. 18, 1952</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ernest T. Swan D.O.</u>		23b. ADDRESS <u>Center, Missouri.</u>	
23c. DATE SIGNED <u>3-20-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Middisonville</u>		24d. LOCATION (City, town, or county) (State) <u>Maddisonville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Center, Mo.</u>	

APR 13 1952

RECEIVED

MISSOURI CO. HEALTH DEPT.

DATE FILED

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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 *Clyde W. Perry*

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri

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.