

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11676

State File No.

No. 300
10-48 FILED APR 8 1952

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 207K Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> <u>1003</u>		d. STREET ADDRESS (If rural, give location) <u>510 North Kings Highway</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Mo. Delta</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>Finger</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 25, 1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Credit Loan</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Credit Loan</u>	11. BIRTHPLACE (State or foreign country) <u>Commerce Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Joseph T. Anderson</u>		13b. MOTHER'S MAIDEN NAME. <u>Clara Rannoy</u>	14. NAME OF HUSBAND OR WIFE <u>Inez Anderson</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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Inez Anderson - 510 N. Kings</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (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>3-11, 1952</u> , to <u>3-11, 1952</u> , that I last saw the deceased alive on <u>3-11, 1952</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Alden J. Sargent M.D.</u>		23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>3-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>old City</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-24-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Taylor</u>	ADDRESS <u>Sikeston, Mo.</u>		

RECEIVED MAR 31 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 352-87

APR 24 1956

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 J. E. [Signature]

Licensed Embalmer No. 4695

P. O. Address E. Prairie, 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.