

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17217

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 160

3644  
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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 (If outside corporate limits, write RURAL and give township) <u>Hannibal, Missouri</u>	c. LENGTH OF STAY (in this place) <u>24 Hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Saltriver Township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri, R.F.D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u> b. (Middle) <u>-</u> c. (Last) <u>Richard-Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 25, 1952</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>March, 3, 1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>22</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>Burlington, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Carl Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Carlson</u>	14. NAME OF HUSBAND OR WIFE <u>Anna M. Anderson</u>
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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>Anna M. Anderson Perry, Missouri</u>	ADDRESS <u>Perry, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medically Certified</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tracheobronchial Pneumonia</u>		DUE TO (b) <u>Coronary Arteriosclerosis</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Chronic Myocardial Hypertrophy</u>	
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>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5/24, 1952, to 5/25, 1952, that I last saw the deceased alive on 5/24, 1952, and that death occurred at 5:55AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>	23b. ADDRESS <u>Hannibal, Missouri</u>	23c. DATE SIGNED <u>5-27-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-27-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fern Chapell</u>	24d. LOCATION (City, town, or county) (State) <u>Ralls Co, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-31-52</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Luedke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By [Signature]</u>	ADDRESS <u>Perry, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 4 1952

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

JUN 4 1952

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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 Wilkey*

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.