

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17350**

No. 300
10.48

FILED MAY 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY</u>		c. LENGTH OF STAY (in this place) <u>less than 48</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		TOWN <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANBY COMMUNITY HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>NEOSHO RFD #5</u>			
3. NAME OF DECEASED (Type or Print), a. (First) <u>VIRGINIA</u> b. (Middle) <u>ROSE</u> c. (Last) <u>ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 1952</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OCT. 13. 1942</u>		9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months <u>9</u> Days _____	IF UNDER 2 HRS. Hours <u>9</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IN SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wheaton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>STEVE ANDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>ETA McELROY</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or none) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STEVE ANDERSON Neosho. P#5</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>Encephalitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Measles</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>0850</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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>4-29</u> , 1952, to <u>5-1</u> , 1952; that I last saw the deceased alive on <u>4-30</u> , 1952, and that death occurred at <u>4:40 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Melvin M. Cullough</u>				23b. ADDRESS <u>Law-Bk Bldg. Neosho Mo</u>		23c. DATE SIGNED <u>5/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort</u>		24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 10 1952</u>		REGISTRAR'S SIGNATURE <u>M. S. Young</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u>		ADDRESS <u>Neosho</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

730
0

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 552-82

Date Filed MAY 16 1932

NEOSHO, MISSOURI

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 Robert L. Senter

Licensed Embalmer No. 4782

P. O. Address Neosho, 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.