

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21384

State File No.

BIRTH NO.		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5902</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemissot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pemissot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>07871</u>		OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hayti Heights</u>				d. STREET ADDRESS (If rural, give location) <u>Hayti Heights</u>			
3. NAME OF DECEASED (Type or Print) <u>Alfred</u>		a. (First)		b. (Middle)		c. (Last) <u>Anderson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1952</u>		5. SEX <u>Male</u>		6. COLOR OF RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 12 1899</u>		9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>8</u>		11. DAYS <u>6</u>	
12. HOURS <u>5</u>		13. MIN. <u>11</u>		14. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		15. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Amanda 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.		17. INFORMANT'S SIGNATURE OR NAME <u>Amanda Anderson</u>	
18. ADDRESS <u>Hayti Mo Box 82</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular accident</u>		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiac vascular disease</u>		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐		21. HOW DID INJURY OCCUR? <u>443X</u>	
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 ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>4-25</u> , 19 <u>52</u> , to <u>5-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-10</u> , 19 <u>52</u> , and that death occurred at <u>.....</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>C.D. Kaus</u>		23b. ADDRESS <u>M.D. Hayti, Mo</u>	
23c. DATE SIGNED <u>5-16-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>5-14-52</u>		24f. REGISTRAR'S SIGNATURE <u>John W. German</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>	
24h. ADDRESS <u>Hayti, Mo.</u>		24i. (Licensed Embalmer's Statement on Reverse Side)		24j. (Licensed Embalmer's Statement on Reverse Side)		24k. (Licensed Embalmer's Statement on Reverse Side)	

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

6-52-182

Rec. JUN 17 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, 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_____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.