

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24915**

FILED JUL 21 1952

520

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

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>5622</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City (Myrtle)</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles South West</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Farm Home</u>							
3. NAME OF DECEASED (Type or Print) <u>THEODORE BENJAMIN ANDERSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July - 17 - 1952</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 22 - 1905</u>	
9. AGE (in years last birthday) <u>47</u>		10. MONTHS <u>0</u>		11. DAYS <u>24</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Embalmed Life</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Mo</u>			
13a. FATHER'S NAME <u>Benjamin T. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Riggie Kloepe</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben T. Anderson</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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>General Debility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>4222</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>July 17, 1952</u>		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>Jan 1952</u> to <u>July 17, 1952</u> , that I last saw the deceased alive on <u>July 14, 1952</u> , and that death occurred at <u>6:45 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Waldo B. Som</u>				23b. ADDRESS <u>Knox City, Mo</u>		23c. DATE SIGNED <u>7/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knox City</u>		24d. LOCATION (City, town, or county) (State) <u>Knox City - Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 18-52</u>		REGISTRAR'S SIGNATURE <u>Walter S. Humolt</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u>			
				ADDRESS <u>Edina, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Keith Hudson*

Licensed Embalmer No.

*2415*

P. O. Address

*China, 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.