

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25270

FILED JUL 23 1952
BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Pettis 0804		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis 0804	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia 0	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1111 S. Carr	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1111 South Carr			

3. NAME OF DECEASED (Type or Print) CARL		a. (First)		b. (Middle)		c. (Last) ANDERSON		4. DATE OF DEATH (Month) (Day) (Year) July 16, 1952	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Sept. 26, 1875		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Oslo, Norway 4		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Andrew Anderson		13b. MOTHER'S M maiden name Annie Polson		14. NAME OF HUSBAND OR WIFE Ella Anderson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. * * * * *		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. Jelford, Sedalia Mo		ADDRESS	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Valvular Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Nephritis @ home				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH _____	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 _____		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 Jan 1952 to July 16, 1952, that I last saw the deceased alive on July 14, 1952 and that death occurred at 12:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE W. Beck Kemura MD (Degree or title)		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 7/17/52	
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24a. BURIAL: CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-18-1952		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) Sedalia, Missouri (State)	
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DATE REC'D BY LOCAL REG. 7-17-1952		REGISTRAR'S SIGNATURE W. Beck Kemura MD		25. FUNERAL DIRECTOR'S SIGNATURE A. W. Eckhart		ADDRESS Sedalia, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

Acad. 2-2-20

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 Russell P. Maag

Licensed Embalmer No. 4809

P. O. Address Sedalia, 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.