

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26821**

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **159**

1. PLACE OF DEATH a. COUNTY Saline, Mo. State School		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Boone, Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall - Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Columbia Mo	
c. LENGTH OF STAY (In this place) 5 years		d. STREET ADDRESS (If rural, give location) 5619 Bond, 11 K.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. State School		4. DATE OF DEATH (Month) (Day) (Year) July 26 1952	
3. NAME OF DECEASED (Type or Print) a. (First) Or-brey	b. (Middle) G.	c. (Last) Anderson	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) No.	8. DATE OF BIRTH Aug. 9, 1935
9. AGE (In years last birthday) 16	10. MONTH VI	11. DAY 17	9. AGE (In years last birthday) 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Columbia Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Richard Anderson		13b. MOTHER'S MAIDEN NAME Mary Gauthier	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mo. State School - Marshall	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Phthisis Pulmonalis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Phthisis			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Organic heart Lesion	
DUE TO (c) _____			
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 4343		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) L	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) V	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? V	
22. I hereby certify that I attended the deceased from July 17, 1952 , to July 26, 1952 , that I last saw the deceased alive on July 20, 1952 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) P. L. Lawless, M.D.		23b. ADDRESS Marshall Mo.	23c. DATE SIGNED 7-26-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/28/52	24c. NAME OF CEMETERY OR CREMATORY Oakland Cem.	24d. LOCATION (City, town, or county) (State) 8 mi. north Columbia - Mo.
DATE REC'D BY LOCAL REG. July, 27, 52	REGISTRAR'S SIGNATURE Sidney J. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Willet Funeral Home - Columbia ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

0970
2

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.

Signed _____

J. Lechi Swamy

Licensed Embalmer No. 3235

Signed _____
Student Embalmer

P. O. Address Marshall, 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.