

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30480

State File No. \_\_\_\_\_

Registrar's No. 177

SEP 5- 1952

BIRTH NO. 47747 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Catron	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp		d. STREET ADDRESS (If rural, give location) Box 211	
3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) Henry c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) August 24 1952	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 7-19-1952
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	
11. BIRTHPLACE (State or foreign country) Catron, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Anderson		13b. MOTHER'S MAIDEN NAME Luddie Guess	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME Luddie Guess Anderson, Catron, Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EPIDEMIC DIARRHEA + VOMITING  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FEEDING PROBLEM  DUE TO (c) PREMATUREITY - 34 week gestation  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE	
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.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CATRON NEW MADRID MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 19 52 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? UNKNOWN		22. I hereby certify that I attended the deceased from Aug 9 1952, to Aug 25 1952, that I last saw the deceased alive on Aug 23, 1952, and that death occurred at 7 A.M., from the causes and on the date stated above.	
23a. SIGNATURE Andrea John. H. (Degree or title) MD		23b. ADDRESS 801 Moore St Sikeston Mo	
23c. DATE SIGNED 25 Aug 52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8-24-52		24c. NAME OF CEMETERY OR CREMATORY Linmon Burial Park, Catron, Mo.	
24d. LOCATION (City, town, or county) (State) Catron, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Telbourn 7440.	
DATE REC'D BY LOCAL REG. 8-30-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 2 1952  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 852-265

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.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.