

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37902

State File No.

FILED NOV 17 1952

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>356</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		<u>0164</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>101 North Ellis Street</u>				d. STREET ADDRESS (If rural, give location) <u>101 North Ellis Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>TILLMAN</u> b. (Middle) <u>W.</u> c. (Last) <u>ANDERSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>November 10, 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 4, 1883</u>			
9. AGE (In years last birthday) <u>69</u>		10. MONTH <u>10</u>		11. DAY <u>6</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Realestate</u>		11. BIRTHPLACE (State or foreign country) <u>Commerce, Missouri</u>			
13a. FATHER'S NAME <u>B. F. Anderson</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen Wylie</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie G. 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. <u>44-07-3047</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie G. Anderson</u> ADDRESS <u>Cape Gir.</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Phenacetic Acid</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> 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 <u>7220</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.)		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>11/10</u> , 19 <u>52</u> , to <u>11/10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/9</u> , 19 <u>52</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. H. H. H. H.</u>				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>11/10/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 11, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Family Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Commerce, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-10-52</u>		REGISTRAR'S SIGNATURE <u>W. C. Semmers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. H. H.</u> ADDRESS <u>Cape Gir.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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

Virgil H. Kelch

Licensed Embalmer No. *4182*

P. O. Address *Cape Girardeau, 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.