

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **42709**

FILED JAN 3 1953

BIRTH NO.		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 118	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before death.) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) Lefington		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Lefington		d. STREET ADDRESS (If rural, give location) South 7th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION South 7th St.				d. STREET ADDRESS (If rural, give location) South 7th St.			
3. NAME OF DECEASED (Type or Print) GRACIE		a. (First)		b. (Middle)		c. (Last) ANDERSON	
4. DATE OF DEATH December 11, 1952		(Month)		(Day)		(Year)	
5. SEX Female	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 19, 1886	9. AGE (In years last birthday) 66	10. MONTHS 7	11. DAYS 8	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Laundry		10b. KIND OF BUSINESS OR INDUSTRY Laundress		11. BIRTHPLACE (City and State or Foreign Country) Higginville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Robinson		13b. MOTHER'S MAIDEN NAME Elizabeth Graves		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roy Anderson		ADDRESS Lefington 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Myocardial Infarction with Pulmonary Embolism ANTECEDENT CAUSES Due to (b) Cerebral Hemorrhage DUE TO (c) Hypertension & Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 2 days Indefinite.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 9, 1952 , to Dec 11, 1952 , that I last saw the deceased alive on Dec 10, 1952 , and that death occurred at 3 31 X m., from the causes and on the date stated above.							
23a. SIGNATURE John C. Belliam (Degree or title) also.				23b. ADDRESS 1024 1/2 Main St. Lefington Mo.		23c. DATE SIGNED 12/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery		24d. LOCATION (City, town, or county) (State) Lefington Mo.	
DATE REC'D BY LOCAL REG. 12-20-52		REGISTRAR'S SIGNATURE Wm. E. Eastbrook		25. FUNERAL DIRECTOR'S SIGNATURE George H. Green		ADDRESS Marshall Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

George Green

Licensed Embalmer No. 4230

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.