

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

43084

FILED DEC 30 1952

BIRTH NO.		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4419</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEARBORN, Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEARBORN, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ADDIE</u>		b. (Middle) <u>GALE</u>		c. (Last) <u>ANDERSON</u>	
4. DATE OF DEATH		(Month) <u>DEC.</u>		(Day) <u>23</u>		(Year) <u>1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>JAN. 24, 1886</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>PLATTE CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>ABNER SINKHORN</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY TUMBLIN</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VIRGINIA TUMLINSON</u> ADDRESS <u>ST. JOSEPH, MO.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Said suddenly - Probable Coronary</u> ANTECEDENT CAUSES <u>Arteriosclerosis Heart Valve</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Heart Valve</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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) m.		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 <u>1-1</u> , 19 <u>50</u> , to <u>12-23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>52</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>S. L. Aufranc M.D.</u> (Degree or title)		23b. ADDRESS <u>Dearborn 270</u>		23c. DATE SIGNED <u>12-24-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DEARBORN, BEM DEARBORN</u>		24d. LOCATION (City, town, or county) (State) <u>MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-24-52</u>		REGISTRAR'S SIGNATURE <u>Elphira Ballins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN-AUFRANC</u>		ADDRESS <u>DEARBORN MO.</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

W. R. Vaughn

Licensed Embalmer No. *2023*

P. O. Address *Weston, 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.