

STANDARD CERTIFICATE OF DEATH

8370

State File No.

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-(Blackwater TWP) 0970	
c. LENGTH OF STAY (in this place) 1 1/2 dy		d. STREET ADDRESS (If rural, give location) 9 Mi. S. Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Mem. Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) STEVENS		c. (Last) ANDERSON		4. DATE OF DEATH (Month) (Day) (Year) FEB. 12, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 22, 1875	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer				10b. KIND OF BUSINESS OR INDUSTRY Farm			

13a. FATHER'S NAME Charles Anderson		13b. MOTHER'S MAIDEN NAME Jane Woolery		14. NAME OF HUSBAND OR WIFE	
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 ADDRESS Henry Jacoby Jr. Marshall, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) arterial sclerosis		
	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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 7/10 1953, to 7/12, 1953 that I last saw the deceased alive on 7/12, 1953 and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 7/14/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-15-1953		24c. NAME OF CEMETERY OR CREMATORY Blue Lick Cem.	
		24d. LOCATION (City, town, or county) Saline Co.		(State) Mo.	

DATE REC'D BY LOCAL REG. 2-14-1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry Hershburger Marshall, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0972

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 Joseph R. Macklin

Licensed Embalmer No. 4571

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.