

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10689

State File No.
Registrar's No. 8

FILED APR 2 1953

BIRTH NO. REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4341

1. PLACE OF DEATH
a. COUNTY Montgomery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Montgomery

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Bearcreek township 8700

d. FULL NAME OF HOSPITAL OR INSTITUTION BesHomeBall Anderson

d. STREET ADDRESS (If rural, give location) Bellflower (Rural)

3. NAME OF DECEASED
a. (First) Bessie b. (Middle) Ball c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) Mar 21 1953

5. SEX Female 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Jan 15 1888 9. AGE (In years last birthday) 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY General Duties

11. BIRTHPLACE (State or foreign country) Montgomery Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Ball 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Chas E. Anderson (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Irene Taylor ADDRESS 208 Hickman St Columbia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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 ☐ NO ☒ 4201

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bellflower

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montgomery Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I viewed the deceased from 23 mch 1953, to 20 mch 1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Wm. H. Linnatt, D.D. Coronar 23b. ADDRESS Montgomery City, Mo 23c. DATE SIGNED 23 mch 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar 26-1953 24c. NAME OF CEMETERY OR CREMATORY Montgomery 24d. LOCATION (City, town, or county) (State) Montgomery City Mo.

DATE REC'D BY LOCAL REG. 3-28-53 REGISTRAR'S SIGNATURE Mrs May Miller 25. FUNERAL DIRECTOR'S SIGNATURE Olson & Jones ADDRESS Bellflower Mo.

(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.....

..... Me..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Oland A Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.