

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17367

State File No.

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5260 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>"RURAL" CHADWICK</u>		c. LENGTH OF STAY (in this place) <u>43 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" CHADWICK 0220</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			d. STREET ADDRESS <u>R.F.D., CHADWICK</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVIN</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15-1953</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>MARCH 19-1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STONE MASON & FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STONE - FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>ST. MARY AND MOSTA - IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ANDREW GUST ANDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH CARLSON</u>	14. NAME OF HUSBAND OR WIFE <u>DELLA LOVE, 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>497-12-8362</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. DELLA ANDERSON, R.F.D., CHADWICK, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>			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) (m.)	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>Jan 13, 1953</u> , to <u>May 15, 1953</u> , that I last saw the deceased alive on <u>Jan 13, 1953</u> , and that death occurred at <u>12:45 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Warren P. Nelson, M.D.</u>			23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>May 24-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 17-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHADWICK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHADWICK, MISSOURI.</u>		
DATE REC'D BY LOCAL REG. <u>June 2-53</u>	REGISTRAR'S SIGNATURE <u>Corina Jean Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>	ADDRESS <u>Clever, Mo.</u>	

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address. Cleveland, 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.