

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**17414**

**FILED MAY 25 1953**

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 49

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clay</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> <u>0592</u>	
c. LENGTH OF STAY (In this place) <u>minutes</u>		d. STREET ADDRESS (If rural, give location) <u>116 Ninth St</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>RR 2</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>Harvey</u>	c. (Last) <u>Anderson</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 16, 1953</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>July 29, 1910</u>	<b>9. AGE</b> (In years last birthday) <u>42</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>salesman</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Glass Company</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Ludlow, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Patrick Anderson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Clara Harvey</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Emley Anderson</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>486-01-1549</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Emley Anderson</u>	<b>ADDRESS</b> <u>Chillicothe, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Head &amp; Chest Injuries</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car-truck Collision</u> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS*</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>600 E 8161 26</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>D. A. Pate, M.D. Coroner</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>North Kansas Ct No 26</u>	<b>23c. DATE SIGNED</b> <u>5/16/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>removal</u>	<b>24b. DATE</b> <u>5-19-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Columbian Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Chillicothe, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-20-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mabel Strehlau</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Leola Peckley</u>	<b>ADDRESS</b> <u>Liberty, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 21 1953

JUN 9 1953

**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 Pasley*

Licensed Embalmer No. *4308*

P. O. Address *Liberty, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.