

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20856

State File No. ....  
Registrar's No. 245

BIRTH NO. 12666 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>	
c. LENGTH OF STAY (In this place) <u>3 week</u>		d. STREET ADDRESS (If rural, give location) <u>Route 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-10-53</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>0</u>	8. DATE OF BIRTH <u>3-8-1953</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR: Months <u>2</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Clarence Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Vernice Moss</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Anderson - Rt 5, Poplar Bluff</u>		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>						
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 6 June, 1953, to 10 June, 1953, that I last saw the deceased alive on 10 June, 1953 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. D.A. Post M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>12 June 53</u>	
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24a. BURIAL CREMATION-REMOVAL (Specify)		24b. DATE <u>6-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friendship</u>		24d. LOCATION (City, town, or county) (State) <u>Beacon Pasture Rt. 5 Butler Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6/15/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith - Director, Mo.</u>		ADDRESS	
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300  
48  
20  
WRITE PLAIN UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

6/22/53

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

*Not Embalmed*

*Ind. J. Smith*

*Wheaton Mo.*