

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

25909

State File No. _____

FILED JUL 28 1953 REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humansville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Johnson Twp.</u> <u>2842</u>	
c. LENGTH OF STAY (In this place) <u>14 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R. #1 Humansville</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geo. Dimmitt Mem. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>David</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 15 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/12/1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hart County, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wilson Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Staples</u>		14. NAME OF HUSBAND OR WIFE <u>Mary</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>668****</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Anderson, Humansville</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES 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 <u>4222</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)	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 7-14, 1953, to 7-15, 1953 that I last saw the deceased alive on 7/15, 1953, and that death occurred at 8:45 Am, from the causes and on the date stated above.

23a. SIGNATURE <u>H.A. Robinson</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Humansville, Mo</u>	23c. DATE SIGNED <u>7/16/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humansville</u>
24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>7/19/53</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u> <u>258</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beckwith Funeral Home, Humansville</u>
---	--	--

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

300
48
40
0

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 O. H. Bestwith

Licensed Embalmer No. 3987

P. O. Address Hemansville

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.