

FILED JUL 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27421

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>6114</u> Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morley</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morley</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. I.</u>			d. STREET ADDRESS (If rural, give location) <u>Morley, Mo., R. I.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arther</u> b. (Middle) <u>Mae</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>10</u> (Year) <u>1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	
8. DATE OF BIRTH <u>March 6, 1953</u>		9. AGE (in years last birthday) <u>0</u>		10. IF UNDER 1 YEAR (Days) <u>3</u> (Hours) <u>3</u> (Mins.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morley, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thornton Stepenson</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie L. Perry</u>	
14. NAME OF HUSBAND OR WIFE <u>Baby</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>XXXX</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Anderson Morley, 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, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho 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) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		19. DATE OF OPERATION <u>4/9/53</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 <u>First call after death</u> , 19 <u>53</u> , to <u>10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 12, 1953</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.		23. SIGNATURE (Degree or title) <u>Helma C. Buckthorpe, M.D. Health Officer - 0</u>	
23b. ADDRESS <u>Benton, Mo.</u>		23c. DATE SIGNED <u>6-13-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McMullin</u>		24d. LOCATION (City, town, or county) (State) <u>N.W. Stanton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 9-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter 489</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Smith</u> ADDRESS <u>1212 Main St.</u>	

JUL 13 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 753-156

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

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.