

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

38619

State File No.

FILED NOV 30 1953

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5308 Registrar's No. 136

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Blackwater Twp</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mile n-e of Blackwater</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Blackwater Township</u> d. STREET ADDRESS (If rural, give location) <u>2 mile south of Blackwater</u>	
3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>Tichenor</u> c. (Last) <u>Anderson</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 20, 1909</u>
9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Leslie Tichenor</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Lee Shannon</u>	
14. NAME OF HUSBAND OR WIFE <u>Ora E. 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>493-38-3928</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ora E. Anderson</u>		ADDRESS <u>Blackwater, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Violence - auto wreck</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Fract</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left leg</u>		<u>E8161</u> <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Blackwater Twp. Cooper Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 24 53 4:50 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Car struck by truck</u>			
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.			
23a. SIGNATURE <u>M. L. DeGraeger</u>		23b. ADDRESS <u>M. D. Carver Bonville Mo.</u>	
23c. DATE SIGNED <u>11/27/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 27, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Peninsula Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/27/53</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Holter</u>		ADDRESS <u>Bonville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1954

JUL 28 1954

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 G. F. Bolles

Licensed Embalmer No. 3067

P. O. Address Boonville, 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.