

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39573**

FILED **DEC 10 1953**

| | | | | | | | |
|--|-------------------------------|--|--|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 174 | | PRIMARY REG. DIST. NO. 3035 | | Registrar's No. 123 | |
| 1. PLACE OF DEATH a. COUNTY Lafayette | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington | | c. LENGTH OF STAY (In this place) life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington | | 0542 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 615 Franklin Ave. | | | | d. STREET ADDRESS (If rural, give location) 202 South 6th St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Donna b. (Middle) Darlene c. (Last) Anderson | | | 4. DATE OF DEATH November 22, 1953 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH April 10, 1935 | | 9. AGE (In years last birthday) 18 | IF UNDER 1 YEAR Months 7 Days 12 | IF UNDER 2 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress | | 10b. KIND OF BUSINESS OR INDUSTRY Cafe | | 11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Joseph R. Anderson | | 13b. MOTHER'S MAIDEN NAME Agnus Key | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnus Means, Lexington, Mo. ADDRESS | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon monoxide asphyxiation ANTECEDENT CAUSES DUE TO (b) Found dead in a motel room, gas stove, Windpump & upon cherry DUE TO (c) red color splashing skin II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH E8906 40 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION No operation | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lexington | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Lexington, Mo. (STATE) 054 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 - 22 5) 9P m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Carbon monoxide asphyxiation | | | |
| 22. I hereby certify that I attended the deceased from at the address 11-22, 1953 , that I last saw the deceased alive on 19 , and that death occurred at 9P m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) W. Mark ... | | | | 23b. ADDRESS O. ... | | 23c. DATE SIGNED 11-24-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE November 27, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Machpelah | | 24d. LOCATION (City, town, or county) (State) Lexington, Missouri. | |
| DATE REC'D BY LOCAL REG. 12-8-53 | | REGISTRAR'S SIGNATURE ... | | F. FUNERAL DIRECTOR'S SIGNATURE ... | | ADDRESS ... | |

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

MAR 2 1957

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 *S. W. McKee*

Licensed Embalmer No. 2983

P. O. Address *Langston Museum*

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.