

STANDARD CERTIFICATE OF DEATH

State File No. 42051

FILED DEC 29 1953

BIRTH NO. REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 4034 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY BATES b. CITY OR TOWN HUME c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE a. STATE MISSOURI b. COUNTY BATES c. CITY OR TOWN HUME d. Is Residence within limits of a city or incorporated town? Yes X No

3. NAME OF DECEASED a. (First) ANNA b. (Middle) LUCILE c. (Last) ANDERSON. 4. DATE OF DEATH DEC - 17 - 1953

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED 8. DATE OF BIRTH AUG - 10 - 1885 9. AGE (In years last birthday) 68 10. USUAL OCCUPATION HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME 11. BIRTHPLACE SPRAGUE, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES RANEY 13b. MOTHER'S MAIDEN NAME M.E. REYNOLDS 14. NAME OF HUSBAND OR WIFE IRA ANDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ira Anderson - Hume, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis (b) Mitral Stenosis (c) Mitral regurgitation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 6 years 4 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

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) (Min) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Dec 15, 1953, to Dec 17, 1953, that I last saw the deceased alive on Dec 16, 1953 and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) 23b. ADDRESS Hume Mo 23c. DATE SIGNED Dec 20 - 53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE DEC-20-1953 24c. NAME OF CEMETERY OR CREMATORY HUME CEMETERY 24d. LOCATION (City, town, or county) (State) HUME MISSOURI

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 1970 FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Booth Funeral Home, Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0070

JAN 8 1930

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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.....
Signature of Student Embalmer

Signed *John G. Underwood*
Licensed Embalmer No. *3585*.....

P. O. Address *Butler 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.