

FILED DEC 28 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43385

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> COUNTY <b>JASPER</b>	
b. CITY OR TOWN <b>CARTHAGE</b>		c. CITY OR TOWN <b>CARTHAGE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>		d. STREET ADDRESS (If rural, give location) <b>231 NO. MAIN</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>ANDERSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-26-1953</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>5-8-1897</b>
9. AGE (In years last birthday) <b>76</b>		10. MONTHS <b>6</b>	11. DAYS <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>	11. BIRTHPLACE (State or foreign country) <b>JASPER-CO. MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>JOSEPH-WITHAM</b>	
13b. MOTHER'S MAIDEN NAME <b>LAURA-RIMMER</b>		14. NAME OF HUSBAND OR WIFE <b>JAS. ANDERSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>LAURA-McKENZIE-CARTHAGE-MO</b>		17. ADDRESS <b>CARTHAGE-MO</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>  ANTECEDENT CAUSES DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>Chronic nephritis</b>  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	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE SIGNED <b>12/3/53</b>	
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 <b>5/3/52</b> , 19___, to <b>11/26</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>November 29, 1953</b> , and that death occurred at <b>2:30 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Charles H. Shull M.D.</b>		23b. ADDRESS <b>201 W. 3rd, Carthage, Mo.</b>	
23c. DATE SIGNED <b>12/3/53</b>		24. NAME OF CEMETERY OR CREMATORY <b>JANE</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-28-53</b>	
24c. LOCATION (City, town, or county) (State) <b>JANE-MO</b>		24d. LOCATION (City, town, or county) (State) <b>JANE-MO</b>	
DATE REC'D BY LOCAL REG. <b>12-14-53</b>		REGISTRAR'S SIGNATURE <b>Lloyd B. Clinton M.D.</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>D. M. Humphrey</b>		ADDRESS <b>Kennett, Mo.</b>	

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

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RECEIVED DEC 24 1953  
Jasper County Health Office

Certificate File No. 53-12-1031  
DEC 24 1953

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 Wayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Princeton, W

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.