

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **43591**

FILED DEC 18 1953

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 137	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hudson Township		c. LENGTH OF STAY (In this place) 2 yrs 7 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton		d. STREET ADDRESS (If rural, give location) Star Route	
d. FULL NAME OF HUSBAND, if deceased, give street address or location Still, Fredrick Orthopedic Sanatorium				d. STREET ADDRESS (If rural, give location) Star Route			
3. NAME OF DECEASED (Type or Print) a. (First) Barkley b. (Middle) Linn c. (Last) Anderson				4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1953			
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Febr 1, 1874	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dear Ridge Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William B. Anderson		13b. MOTHER'S MAIDEN NAME Mary E. English		14. NAME OF HUSBAND OR WIFE Mary L. Anderson	
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 Jessie L. Belle			
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) Broncho pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 10 days 5 years	
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)		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 Apr 2 1952, to Nov 29 1953, that I last saw the deceased alive on Nov 29 1953, and that death occurred at 9:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE H. Hoyle W.D.				23b. ADDRESS Macon Mo		23c. DATE SIGNED Nov 29, 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 11-30-1953		24c. NAME OF CEMETERY OR CREMATORY La Belle		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. 12/5/53		REGISTRAR'S SIGNATURE Ruth McNeely		1953 Funeral Director's SIGNATURE R. Lester Bram		ADDRESS Macon, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0610

3 32 576

DEC 18 1953

RECEIVED 12.8.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.53.92
Date Filed 12.10.53

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

R. Lester Brann

Licensed Embalmer No. 4972

P. O. Address *Macon, 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.