

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>357</u>		PRIMARY REG. DIST. NO. <u>6211</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Roubidoux</u>		c. LENGTH OF STAY (In this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Roubidoux</u>		10.60	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>3 1/2 Mi SE of Roby Mo</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Morella</u> (Middle) <u>Anderson</u> (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9 - 1953</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 18, 1872</u>	9. AGE (In years last birthday) <u>81-</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. M. Mues</u>			13b. MOTHER'S MAIDEN NAME <u>Miss Fount</u>		14. NAME OF HUSBAND OR WIFE <u>James Anderson (de)</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>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Satterfield</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) <u>none</u>		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Pneumonia</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Bilaterally</u>				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 <u>Oct 13, 1949</u> to <u>Dec 7, 1953</u> , that I last saw the deceased alive on <u>Dec 7, 1953</u> , and that death occurred at <u>10:00 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Burns M.D.</u>		23b. ADDRESS <u>Houston, Mo.</u>			23c. DATE SIGNED <u>12/12/53</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/12/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Houston Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Houston Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/17/53</u>		REGISTRAR'S SIGNATURE <u>Evan Pickett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Smith &amp; Ferguson Picking Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Hubert E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Picking, 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.