

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 1 1954

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Tate</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>Jefferson - City</u>	c. LENGTH OF STAY (If in this place) <u>72 hrs</u>	c. CITY OR TOWN <u>RURAL - FRANKLIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys - Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Lake Ozark Village</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Ann</u> c. (Last) <u>Anderson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-29-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>20 April 1861</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MJD. MJD.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (State or foreign country) <u>Linden - Co - Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wash. Huddleston</u>	13b. MOTHER'S MAIDEN NAME <u>Mary - Blankship</u>	14. NAME OF HUSBAND OR WIFE <u>Levi - Anderson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn - Cotton</u> ADDRESS <u>Eldon - Mo</u>
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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) <u>Fractured femur</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertensive cardiac vascular disease 2 earlier years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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19a. DATE OF OPERATION <u>1-29-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture femur</u>	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lake Ozark Village Miller Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 27, 1954 NOON</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in home</u>

22. I hereby certify that I attended the deceased from Jan 27, 1954, to Jan 28, 1954 that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Pres. Dayton M. B. Belcher, City</u>	23b. ADDRESS <u>Miller - Co - Mo</u>	23c. DATE SIGNED <u>1-30-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>31 JAN 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Now-Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Miller - Co - Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 30-1954</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kaye</u> ADDRESS <u>ELDON Mo</u>
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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 *Arthur M. Kays*
Licensed Embalmer No. 3998
P. O. Address Eldon 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.