

STANDARD CERTIFICATE OF DEATH

State File No. 3075

FILED FEB 23 1954
 BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia 0040	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) R. F. D. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOSIE b. (Middle) _____ c. (Last) ANDERSON			4. DATE OF DEATH (Month) (Day) (Year) Feb 15, 1954		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 31, 1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5 Days 14	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Audrain County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Anderson	13b. MOTHER'S MAIDEN NAME Martha Appleman	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mr. Charles Anderson	ADDRESS Centralia
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infected thrombocytopenia		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis			Interval between onset and death 1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 410 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 12, 1954**, to **Feb 15, 1954**, that I last saw the deceased alive on **Feb 15, 1954**, and that death occurred at **7:00** m., from the causes and on the date stated above.

23a. SIGNATURE W. H. ... (Degree or title)	23b. ADDRESS ...	23c. DATE SIGNED 2-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Applemans Chapel Cem.	24d. LOCATION (City, town, or county) (State) Centralia, Mo.
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DATE REC'D BY LOCAL REG Feb 16 1954	REGISTRAR'S SIGNATURE Blanche Neely	25. CORONER'S SIGNATURE Bill ... ADDRESS Centralia, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 12 1954

FEB 25 1954

FEB 23 1954

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 *Bill J. Meador*

Licensed Embalmer No. *4876*

P. O. Address *Centralia, Missouri*

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.