

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7532**FILLED **MAR 10 1954** BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **357** PRIMARY REG. DIST. NO. **6211** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Roubidoux</b>		c. LENGTH OF STAY (In this place) <b>2 1/2 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Roubidoux</b>		d. STREET ADDRESS (If rural, give location) <b>5 mi E Roby, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>CORA</b>		b. (Middle)	
c. (Last) <b>ANDERSON</b>		(Month) (Day) (Year) <b>Mar 1 1954</b>	
5. SEX <b>fe</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec 26, 1879</b>
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Newport Ky.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Henry Cline</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Hoops</b>	
14. NAME OF HUSBAND OR WIFE <b>Ray Anderson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ray Anderson</b>		ADDRESS <b>Roby, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac &amp; pulmonary arrest</b> ANTECEDENT CAUSES Cardio vascular renal syndrome 2 years Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Semility &amp; arteriosclerosis</b> DUE TO (c) <b>Senesce hypertrophic atheritis</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 <b>442 X</b>	
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 <b>Oct</b> , 1953, to <b>March 1</b> , 1954, that I last saw the deceased alive on <b>Feb 25</b> , 1954, and that death occurred at <b>12:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B. J. Myers</b>		23b. ADDRESS <b>Licking, Mo.</b>	
23c. DATE SIGNED <b>3-3-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-4-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Long Hollow</b>		24d. LOCATION (City, town, or county) (State) <b>Texas Co. Mo</b>	
DATE REC'D BY LOCAL REG. <b>3/5/54</b>		REGISTRAR'S SIGNATURE <b>Evan Pickett</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Turner</b>		ADDRESS <b>Home Huston Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 19 1957

**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: *Frank E. Hood*

Licensed Embalmer No. *4026*

P. O. Address *Houston, TX*

**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.