

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9474**

No. 300
10-48

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

| | | | | |
|---|--|---|--|--|
| FILED MAR 16 1954 | | REG. DIST. NO. 236 | PRIMARY REG. DIST. NO. 5818 | Registrar's No. 6 |
| BIRTH NO. _____ | | | | |
| 1. PLACE OF DEATH a. COUNTY MORGAN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MORGAN | | |
| b. CITY OR TOWN RURAL - Moreau | | c. LENGTH OF STAY (in this place) 8 mo | c. CITY OR TOWN RURAL 0710 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1/4 mi - So - Big - Rock - Ch. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) WALTER | | b. (Middle) ELVIN | c. (Last) ANDERSON | 4. DATE OF DEATH (Month) (Day) (Year) March - 3 - 1954 |
| 5. SEX MALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 30 Aug. 1854 | 9. AGE (In years last birthday) 99 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY Gen-FARMER | 11. BIRTHPLACE (City and State or Foreign Country) Little - Rock - ARK. | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 13a. FATHER'S NAME HENRY - ANDERSON | | 13b. MOTHER'S MAIDEN NAME Nancy - Duffey | | 14. NAME OF HUSBAND OR WIFE |
| 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 ZORA - Chidester - BARNETT | |
| 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) Senility | | DUE TO (b) Pathology incident to old age. | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION None | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? None | | |
| 22. I hereby certify that I attended the deceased from 1948 to Mch 3, 1954 , that I last saw the deceased alive on Feb 19, 1954 , and that death occurred at Rise P. m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE B. O. Shelton (Degree or title) M.D. | | 23b. ADDRESS ELDON MO | 23c. DATE SIGNED 4 MARCH 54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 5 MARCH 54 | 24c. NAME OF CEMETERY OR CREMATORY River - View - | 24d. LOCATION (City, town, or county) (State) Camden - Co - MO | |
| DATE REC'D BY LOCAL REG. March 6, 1954 | REGISTRAR'S SIGNATURE J. S. Washburn | 214- | 25. FUNERAL DIRECTOR'S SIGNATURE Keith McKays | ADDRESS ELDON MO |

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *Keith M. Kays*

Licensed Embalmer No. *399*

P. O. Address *Eldon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.