

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19562**

BIRTH NO. _____		REG. DIST. NO. <b>385</b>		PRIMARY REG. DIST. NO. <b>3039</b>		Registrar's No. <b>37</b>	
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Chariton</b>			
b. CITY OR TOWN <b>Marceline</b>		c. LENGTH OF STAY (In this place) <b>31 hr</b>		c. CITY OR TOWN <b>Bynumville, Mo</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Francis Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>0210 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Homer</b>			b. (Middle) <b>tilden</b>		c. (Last) <b>Anderson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 23 54</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>3-24-1889</b>		9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR: Months <b>1</b> Days <b>27</b> IF UNDER 24 HRS: Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Disabled Vet</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Chariton Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>John Anderson</b>			13b. MOTHER'S MAIDEN NAME <b>Dora Yount</b>		14. NAME OF HUSBAND OR WIFE <b>Flora Anderson Bynumville</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes</b>		16. SOCIAL SECURITY NO. <b>431-24-0065</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Flora Anderson Bynumville 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>Tuberculosis &amp; Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH					
		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. <b>Cavitation Bilobed</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>002 X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>1952</b> to <b>5-24-1954</b> , that I last saw the deceased alive on <b>5-24-1954</b> , and that death occurred at <b>8:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Phed W. Jones M.D.</b>				23b. ADDRESS <b>Marceline, Mo</b>		23c. DATE SIGNED <b>5-5-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-25-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LOCKE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>MARCELINE, Mo</b>	
DATE REC'D BY LOCAL REG. <b>5-25-54</b>		REGISTRAR'S SIGNATURE <b>Mary Jane Reigley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jan McLaughlin</b>		ADDRESS <b>Marceline Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 23 1954

JUN 24 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.

Signed George D. Hamrell

Student .....

Student Embalmer

Licensed Embalmer No. 4425

P. O. Address Marilene, 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.