

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1952

State File No. ....

Bridges  
FILED JUL 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 62

1. PLACE OF DEATH  
a. COUNTY Polk  
b. CITY OR TOWN Balivan  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 Summitt St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Polk  
c. CITY OR TOWN Balivan  
d. STREET ADDRESS 311 Summitt St

3. NAME OF DECEASED  
a. (First) Benjamin b. (Middle) Herschel c. (Last) Anderson  
4. DATE OF DEATH (Month) (Day) (Year) July 6 1954

5. SEX M 6. COLOR OR RACE wh 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH (Month) (Day) (Year) Mar 18 1868 86  
9. AGE (Years) (Months) (Days) 86 3 18

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and State or Foreign Country) Morrisville Polk Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Anderson 13b. MOTHER'S M maiden NAME Femina Appleby 14. NAME OF HUSBAND OR WIFE Oliver Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. 498-32-1954 17. INFORMANT'S SIGNATURE OR NAME Genes Anderson ADDRESS Balivan Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Senility Only  
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.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to July 6 1954 that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. H. Bridges M.D. (Degree or title) 23b. ADDRESS Balivan Mo 23c. DATE SIGNED \_\_\_\_\_

24. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24a. DATE July 9/54 24b. NAME OF CEMETERY OR CREMATORY Nichols Grove Cemetery 24c. LOCATION (City, town, or county) (State) South of Morrisville Mo

DATE REC'D BY LOCAL REG. 7/9/54 REGISTRAR'S SIGNATURE Ralph Gordon 25. FUNERAL DIRECTOR'S SIGNATURE Frederic Blue ADDRESS Balivan Mo

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

0841

084

084

52

**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

*Chas. J. Foster*

Licensed Embalmer No. 4154

P. O. Address Bolivia, 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.