

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28573**

FILED AUG 24 1954

BIRTH NO.		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4430		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) Crocker, Missouri		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Crocker, Mo		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				e. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) None		c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1954	
5. SEX ☒ Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 20, 1872	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Crocker, Mo Pulaski Co		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ole Anderson		13b. MOTHER'S MAIDEN NAME Mary Jensen		14. NAME OF HUSBAND OR WIFE Rosetta C. Newberry			
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 Rosetta C. Anderson Crocker, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular-Renal Disease 8 yrs. DUE TO (c) Sensitivity 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? 442 X 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 AUG , 19 42 , to AUG. 19 , 19 54 , that I last saw the deceased alive on AUG. 19 , 19 54 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Do not write in title) John A. Mikalevich D.O.				23b. ADDRESS Crocker, Missouri		23c. DATE SIGNED Aug/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug/22/54		24c. NAME OF CEMETERY OR CREMATORY Crocker Memorial		24d. LOCATION (City, town, or county) (State) Crocker, Missouri	
DATE REC'D BY LOCAL REG. 8-20-54		REGISTRAR'S SIGNATURE Eula E. Anderson		25. FUNERAL HOME, ADDRESS Hedges Funeral Home Crocker, Mo			

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED 8-20-54
Puraski County Health Officer
Date Filed 8-21-54
File Number

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 _____
C. C. Craig

Licensed Embalmer No. 476
P. O. Address _____
Crocker

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.