

FILED SEP 21 1954

STANDARD CERTIFICATE OF DEATH

29733

State File No.

BIRTH NO.		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Vandalia</u> TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Vandalia</u> TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 South Walnut</u>				d. STREET ADDRESS (If rural, give location) <u>401 South Walnut</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Florence</u>		b. (Middle) <u>Matilda</u>		c. (Last) <u>Anderson</u>	
4. DATE OF DEATH (Month) <u>Sep</u> (Day) <u>11</u> (Year) <u>1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, <u>Married</u> DIVORCED (Specify)	
8. DATE OF BIRTH <u>Nov 25, 1883</u>		9. AGE (In years) <u>71</u> (Months) <u>9</u> (Days) <u>17</u>		10. USUAL OCCUPATION (Give kind of work) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>James Salmon</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Dawson</u>		14. NAME OF HUSBAND OR WIFE <u>Walter J. Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter J. Anderson, Vandalia, Mo</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> <u>decompensated</u> ANTECEDENT CAUSES <u>generalized arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic hypertrophic arthritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>years</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) m.		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 <u>4/24/50</u> , 19____, to <u>9/11/54</u> , 19____, that I last saw the deceased alive on <u>9/1/54</u> , 19____, and that death occurred at <u>12:10 P.</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>Erna Whense, M.D.</u> (Degree or title)				23b. ADDRESS <u>Vandalia Mo</u>		23c. DATE SIGNED <u>9/13/54</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)		24b. DATE <u>9/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
DATE RECD BY LOCAL REG. <u>Sept 15 1954</u>		REGISTRAR'S SIGNATURE <u>Hattie Dugua</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 18 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

William B. Natus

Licensed Embalmer No. *4169*

P. O. Address *Vandalia 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.