

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33228

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4071</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Camdenton</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>		015-0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thom Anderson Home</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Thomas Harrison Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 - 54</u>				
5. SEX <u>male</u>	6. COLOR OF RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 29 - 1867</u>	9. AGE (In years) (Month) (Day) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>		11. BIRTHPLACE (State or foreign country) <u>Camden County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Isaac Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Waters</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Taylor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Tom Anderson es above</u>			
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) <u>Fly Virus</u>				<u>6. Hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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 <u>481 X</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) <u>10-20-54</u> 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>10-20</u> , 19 <u>54</u> , to <u>10-20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-20</u> , 19 <u>54</u> , and that death occurred at <u>10:54 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. J. ...</u>				23b. ADDRESS <u>Camdenton, Mo</u>		23c. DATE SIGNED <u>Oct 29 - 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 28 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Conway</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct 29 - 1954</u>		REGISTRAR'S SIGNATURE <u>Zilpha Drow</u> 42-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u>		ADDRESS <u>Camdenton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Dorsey M. Howe

Licensed Embalmer No. *4222*

P. O. Address *Lebanon 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.