

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35000

State File No.

FILED OCT 18 1954

BIRTH NO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>2058</u>		Registrar's No. <u>207</u>	
1. PLACE OF DEATH a. COUNTY <u>ST CHARLES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST CHARLES</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>OVERLAND</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPH'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>10024 DRIVER</u> <u>423 X</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OTIS</u>		b. (Middle) <u>IVEN</u>		c. (Last) <u>ANDERSON</u>	
4. DATE OF DEATH		(Month) <u>OCT</u>		(Day) <u>11</u>		(Year) <u>1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV 23 1885</u>	
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>10</u>		11. DAYS <u>17</u>		12. IF UNDER 1 YEAR Hours <u>10</u> Min. <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work: the during most of working life, even if retired) <u>BUS DISPATCHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WELLSVILLE MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>ALFRED ANDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA HUMPHREY</u>		14. NAME OF HUSBAND OR WIFE <u>BLANKE ANDERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>492-05-2929</u>		17. INFORMANT'S SIGNATURE OR NAME <u>THORLEY ANDERSON</u> ADDRESS <u>1900 KRAEHEL ST CHARLES 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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyper-tensive Cardio-Vascular disease</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u> <u>10 years</u>	
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) (Min.)		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 <u>OCT 11, 1954</u> to <u>OCT 11, 1954</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>8:50</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed J. Hammett M.D.</u>				23b. ADDRESS <u>114 N. Main St. St. Charles</u>		23c. DATE SIGNED <u>10-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>		24b. DATE <u>10-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WELLSVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) <u>WELLSVILLE MO.</u> (State)	
DATE REC'D BY LOCAL REG <u>Oct 12 1954</u>		REGISTRAR'S SIGNATURE <u>Frank Hammett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed J. Hammett</u> ADDRESS <u>Greland MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*How many
times
has this
body been
embalmed?*

967 2

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 *Carl J. Hillman*

Licensed Embalmer No. *3501*

P. O. Address *Grubland 10*

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.