

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37788**

FILED DEC 14 1954

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **171**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town or township) WEBB, CITY		c. CITY OR TOWN JOPLIN	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 470	
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSP.			
STREET ADDRESS (If rural, give location) RURAL ROUTE # 3			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
MAUDE ELISABETH ANDERSON			NOV. 22-1954		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH MAY 15-1915	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months - Days - Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work or department of working life, if desired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and State or Foreign Country) LOLA-KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JAMES ROEBUCK	13b. MOTHER'S MAIDEN NAME TORIA REAMS	14. NAME OF HUSBAND OR WIFE JIM ANDERSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If not, or unknown) NO	16. SOCIAL SECURITY NO. NO ONE	17. INFORMANT'S SIGNATURE OR NAME MRS. RALPH DIXON	ADDRESS JOPLIN
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Centriculitis = exquision		INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Metastatic melanob-sarcoma		6 mo.
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9/29/54** 19, to **11-22-54** 19, that I last saw the deceased alive on **11/21/54**, 19, and that death occurred at **4:07** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. A. Mahoney, D.O.	23b. ADDRESS Joplin Mo	23c. DATE SIGNED 11/29/54
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24a. BURIAL CREMATION REMOVAL (If any) BURIED	24b. DATE NOV 24 1954	24c. NAME OF CEMETERY OR CREMATORY OZARK MEM	24d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI
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DATE REC'D BY LOCAL REG. 12-6-54	REGISTRAR'S SIGNATURE Mrs. Madeline Sutzler	25. FUNERAL DIRECTOR'S SIGNATURE HURIBUT-GLOVER	ADDRESS JOPLIN
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 18 1955

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 *Richard Gray Lee*.....

Licensed Embalmer No. *44*

P. O. Address *Webb Co*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.