No. 300
0.48

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

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1490

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Jasper 0490 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mineral Twp
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jasper County T.B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin, Mo. 0495
d. STREET ADDRESS (If rural, give location): 1116 West 16th St.

3. NAME OF DECEASED (Type or Print): a. (First) Jay b. (Middle) Tilden c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 6-12-76
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mortician
10b. KIND OF BUSINESS OR INDUSTRY: FUNERAL HOME
11. BIRTHPLACE (State or foreign country): Phoenix, N. Y.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES ADELBERT ANDERSON
13b. MOTHER'S MAIDEN NAME: FRANCES ELEANOR RICH
14. NAME OF HUSBAND OR WIFE: --------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: JASPER CTY T.B. HOSP RECORDS — ADDRESS: WEBB CITY 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: 002X
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) m.
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* 12-13-1954, *to* 1-3-, 1955, *that I last saw the deceased alive on* 1-3-, 1955, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Laney M.D.
23b. ADDRESS: Box 390 Webb City Mo.
23c. DATE SIGNED: 1-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: 1-6-55
24c. NAME OF CEMETERY OR CREMATORY: D. W. NEWCOMERS' SONS
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 1-4-55
REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer 474-00
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

County File Number 55-172

Date Filed JAN 10 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 .....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.