

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4458

State File No.

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry Cooper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>North Alanthus Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Alanthus Ave.</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>	

3. NAME OF DECEASED a. (First) <u>Mrs. Ida</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24 1955</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>March 6 1870</u>	9. AGE (In years last birthday) <u>84</u>	10. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		
11. BIRTHPLACE (State or foreign country) <u>Grodby, Sweden</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		

13a. FATHER'S NAME <u>Monts Mattson</u>	13b. MOTHER'S MAIDEN NAME <u>Elise Rasmus</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. E. Anderson Stanberry, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS <u>Unknown</u>	INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>years</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 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) 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 Feb 7, 1955, to Feb 24, 1955, that I last saw the deceased alive on Feb 24, 1955, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles L. Barlin M.D.</u>	23b. ADDRESS <u>Stanberry, Mo</u>	23c. DATE SIGNED <u>2-25-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/26/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graves</u>
24d. LOCATION (City, town, or county) (State) <u>Guilford, Nodaway, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Feb 28 - 55</u>	REGISTRAR'S SIGNATURE <u>Manda Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Phillips</u>
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(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

Latoy L. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonewall, Mo.

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

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