

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5951

FILED FEB 21 1955

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1286

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 1286 | | | |
| 1. PLACE OF DEATH a. COUNTY 3 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO | | | | b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN ST. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Homer Phillips | | | | e. STREET ADDRESS (If rural, give location) 2259 920 BIDDLE ST. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ELLA | | | b. (Middle) _____ | | | c. (Last) ANDERSON | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) FEB. 8 1955 | | 5. SEX 3 FEMALE | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH MAY 15 1885 | |
| 9. AGE (In years last birthday) 69 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 11. BIRTHPLACE (City and State or Foreign Country) SARDIS, MISS. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME RILEY JONES | |
| 13b. MOTHER'S MAIDEN NAME ELLA JONES | | 14. NAME OF HUSBAND OR WIFE NELSON ANDERSON | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS NELSON ANDERSON 920 BIDDLE | |
| 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) Cerebral Hemorrhage | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | 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 type="checkbox"/> NO <input 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 331X | | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 0500 A.M., from the causes and on the date stated above. | | 23a. SIGNATURE [Signature] | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 2/10/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 2/11/55 | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) Batesville, Miss. | | | |
| DATE REC'D BY LOCAL REG. FEB 11 1955 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Robinson & Sons - 1701 N. GARRISON AV. | | | | | |

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.....
Signature of Student Embalmer

Signed *Leroy H. Farnis*

Licensed Embalmer No. *452*

P. O. Address *3880 Ece*

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.