

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15799**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEBB CITY</u>		c. LENGTH OF STAY (in this place) <u>15 YRS</u>	c. CITY OR TOWN <u>WEBB CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>729 WEST DAUGHERTY STREET</u>		e. STREET ADDRESS (If rural, give location) <u>729 WEST DAUGHERTY</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MARY</u>	b. (Middle) <u>ALICE</u>	c. (Last) <u>ANDERSON</u>	(Month) <u>MAY</u>	(Day) <u>16</u>	(Year) <u>1955</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MAY 12, 1889</u>	9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>0</u> YEARS <u>0</u> DAYS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINISTER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>REN W. BERT</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA GARETT</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM P. ANDERSON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>515-09-0641</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VERDA WILLIAMS</u> ADDRESS <u>WEBB CITY, MO</u>	

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>REN W. BERT</u>		<u>MARTHA GARETT</u>		<u>WILLIAM P. ANDERSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
<u>No</u>		<u>515-09-0641</u>		<u>VERDA WILLIAMS</u>	
				ADDRESS <u>WEBB CITY, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanotic carcinoma</u>		DUE TO (b) <u>Carcinoma of breast</u>		<u>4 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
				<u>170 X</u>	
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 <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 <u>5-13</u> , 19 <u>55</u> , to <u>5-16-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-13-55</u> , 19 <u>55</u> , and that death occurred at <u>6 A.</u> m., from the causes and on the date stated above.					

23a. SIGNATURE <u>W. Anderson</u> (Degree or title) <u>W.</u>		23b. ADDRESS <u>110 N. West Webb City Mo</u>		23c. DATE SIGNED <u>5/16/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-20-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u>	

DATE REC'D BY LOCAL REG. <u>5-18-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Surtz</u> <u>474</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME</u> ADDRESS <u>WEBB CITY, MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed MAY 22 1908

**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 *Leon J. Hewitt*

Licensed Embalmer No. 450

P. O. Address Walden

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