

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21001

State File No.

FILED AUG 4 - 1955

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5037</u>		Registrar's No. <u>152</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>0040</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0101</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Salt River</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>		c. CITY OR TOWN <u>Centralia</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neill Rest Haven</u>				STREET ADDRESS (If rural, give location) <u>614 East Rodemyre</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Augusta</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 5, 1871</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Mo.</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Evan Shelby Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanora Sames</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henrietta Edwards, Centralia, Rte. 3</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>- Arteriosclerosis generalized</u> DUE TO (c) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Scleroderma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Low</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 <u>May 5, 1955</u> , to <u>July 28, 1955</u> , that I last saw the deceased alive on <u>July 28, 1955</u> and that death occurred at <u>9:04am</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. D. Sanford</u>				23b. ADDRESS <u>M. P. O. M. P. O. Mo</u>		23c. DATE SIGNED <u>July 30, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1955</u> <u>July 30</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City of Centralia</u>		24d. LOCATION (City, town, or county) <u>Centralia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 30, 1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill D. Meador Centralia, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

AUG 4 1956

JUL 5 1956

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 *Bill J. Meadows*.....

Licensed Embalmer No. *4870*

P. O. Address *Catonsville, Md.*

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.