

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21976

State File No. ....

BIRTH NO. FILED AUG 9 - 1955 REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs, Mo.</u>		c. LENGTH OF STAY (in this place) <u>43 yrs</u>	c. CITY OR TOWN <u>Willow Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <u>0460</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAVILDA</u>		b. (Middle) <u>ANN</u>	c. (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 11, 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Month <u>3</u> Day <u>20</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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Howell County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>D. G. Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Hopkins</u>		14. NAME OF HUSBAND OR WIFE <u>James Henry Anderson</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 ADDRESS <u>James Henry Anderson Willow Springs,</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS. <u>331X</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>27 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)		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>July 4, 1955</u> , to <u>7/31/55</u> , that I last saw the deceased alive on <u>7/31/55</u> , and that death occurred at <u>8:30 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. J. Parker M.D.</u>			23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>8/1/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/2/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mtn. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Howell County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/6/55</u>		REGISTRAR'S SIGNATURE <u>Marjalee Record 3870</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burns Willow Springs, Mo.</u>	

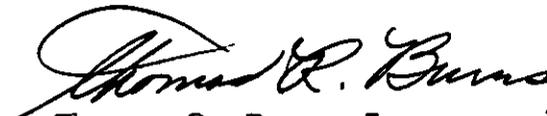
(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
  
Thomas R. Burns Jr.....

Licensed Embalmer No.. 4214

P. O. Address Willow Springs

**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.**