

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **22981**

**FILED JUL 27 1955**

BIRTH NO. **238** REG. DIST. NO. **4355** PRIMARY REG. DIST. NO. **4355** Registrar's No. **072/0**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>New Madrid</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Madrid</b> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Madrid</b> d. STREET ADDRESS (If rural, give location) <b>Scott St.</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>William Ralnh Anderson</b> a. (First) <b>William</b> b. (Middle) <b>Ralnh</b> c. (Last) <b>Anderson</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 11, 1955</b>						
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>Jan. 17, 1897</b>		<b>9. AGE</b> (In years last birthday) <b>58</b> <b>Months</b> <b>5</b> <b>Days</b> <b>24</b> <b>Hours</b> <b>Min.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>-----</b>			<b>11. BIRTHPLACE</b> (State or foreign country) <b>Wren, Ohio</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>13a. FATHER'S NAME</b> <b>Marion S. Anderson</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Martha Anderson</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Martha Anderson</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		<b>16. SOCIAL SECURITY NO.</b> <b>-----</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Martha Anderson</b> <b>ADDRESS</b> <b>New Madrid Mo.</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Coronary Thrombosis</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>4201</b>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from June 11, 1955, to July 11, 1955, that I last saw the deceased alive on July 11, 1955, and that death occurred at 10:45 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Louis Smith MD</b>		<b>23b. ADDRESS</b> <b>New Madrid Mo</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> <b>BURIAL</b>		<b>24b. DATE</b> <b>July 14, 1955</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Park Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Malden, Missouri</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>July 22</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Fay Hedgepeth</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Richard W. Miller</b>		<b>ADDRESS</b> <b>New Madrid Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 23 1955

DATE RECEIVED APR 25 1955  
NEW MADRID CO. HEALTH CENTER

P. J. S.

SEP 13 1958

### 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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Johnny L. Roberts  
Licensed Embalmer No. 4886  
P. O. Address New Madrid, Mo.

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