

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23296

BIRTH NO. REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Salt Spring Twp.</u>		c. CITY OR TOWN <u>Salt Spring Rural-Township</u>	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		STREET ADDRESS (If rural, give location) <u>South of Huntsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Huntsville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Perry</u> c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>17</u> (Year) <u>1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>October 9, 1879</u>
9. AGE (in years last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		
13a. FATHER'S NAME <u>Oliver H. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Ziltpa Rice</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Iva Anderson:RR#1: Higbee, Missouri</u>		ADDRESS <u>Miss Iva Anderson:RR#1: Higbee, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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) (Minute)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE

Ernest Maguender, Sheriff, Huntsville, Mo.

23b. ADDRESS

23c. DATE SIGNED

7-18-5524a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE

7-19-1955

24c. NAME OF CEMETERY OR CREMATORY

Mt. Salem Cemetery

24d. LOCATION (City, town, or county) (State)

W. of Jacksonville, Missouri

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

Mary H. Bentley

25. FUNERAL DIRECTOR'S SIGNATURE

Tom B. Patton Huntsville

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

no

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 *Tom B Patton*.....

Licensed Embalmer No. *391*.....

P. O. Address *Huntville*.....

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.