

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33029

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>2</u>	
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 OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY OR TOWN <u>West Plains</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>Pattersonville Rt., 0460</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adele</u> b. (Middle) <u>Mary</u> c. (Last) <u>Anderson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-1955</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>10-3-1878</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>0</u>		11. DAYS <u>27</u>		12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>27</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>None</u>			
11. BIRTHPLACE (City and State and Foreign Country) <u>Basle, Switzerland</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Rudolph Moore</u>				13b. MOTHER'S MAIDEN NAME <u>Mary</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>None</u>			
16. SOCIAL SECURITY NO. <u>350X</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Mae West Plains Mo</u> ADDRESS <u>350X</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PARKINSON'S DISEASE</u> ANTECEDENT CAUSES Morbid 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. <u>SENILITY</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 YEARS</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) _____ m. _____		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>Aug 29, 1857</u> to <u>10-29</u> , 1855, that I last saw the deceased alive on <u>10-29</u> , 1855, and that death occurred at <u>3:07</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Cook R. White, M.D. West Plains Mo</u> (Degree or title)				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>11-3-55</u>	
24a. BURIAL, CREMATION, REBURY (Specify) <u>B</u>		24b. DATE <u>11/2-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Olden, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-8-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u>		ADDRESS _____	

(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.....

Licensed Embalmer No. 34

P. O. Address.....

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.