

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1955

State File No. **37796**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5985** Registrar's No. **169**

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Webster</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fort Leonard Wood, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ft Dodge</b>	
c. LENGTH OF STAY (in this place) <b>2 mos. 7 days</b>		d. STREET ADDRESS (If rural, give location) <b>8140 S</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Army Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Pearl Inez Anderson</b>			4. DATE OF DEATH <b>November 23, 1955</b>		
a. (First)	b. (Middle)		c. (Last)	5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>21 July 1898</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>		11. BIRTHPLACE (State or foreign country) <b>Albert City, Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Deceased</b>	13b. MOTHER'S MAIDEN NAME <b>Selma A. Anderson</b>	14. NAME OF HUSBAND OR WIFE <b>R. M. Anderson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>US Army Hospital S. B. Milligan, Major, MSC, Fort Leonard Wood, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <b>Carcinoma of the breast with metastases to pleura, lungs diaphragm</b>					
DUE TO (c) <b>peritonium and skin.</b>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<b>170X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 <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 **16 September 55**, to **23 November 19 55**, that I last saw the deceased alive on **23 November 19 55**, and that death occurred at **1:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Anthony J. Telego</b> (Degree or title) <b>Capt MC</b>	23b. ADDRESS <b>US Army Hospital, Fort Leonard Wood, Missouri</b>	23c. DATE SIGNED <b>23 Nov 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/24/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Marthom Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marthom, Iowa.</b>
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DATE REC'D BY LOCAL REG. <b>11-24-55</b>	REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Hedger</b>	ADDRESS <b>Hedger's Funeral Home, Waynesville, Mo</b>
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Date Filed 11-26-55  
File Number

Forest County Health Officer  
RECEIVED 11-24-55

MAY 29 1957

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 \_\_\_\_\_  
Student Embalmer

Signed Clarence Jones

Licensed Embalmer No. 4886

P. O. Address Waynesville

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.