

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

41623

BIRTH NO.		REG. DIST. NO. <u>290</u>	PRIMARY REG. DIST. NO. <u>4427</u>	Registrar's No. <u>2</u>
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo</u>		c. LENGTH OF STAY (in this place) <u>1 wk.</u>	c. CITY OR TOWN <u>Waynesville, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>B</u> No <u>X</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Waynesville General Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Rt. 085<sup>00</sup></u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Belle</u>	b. (Middle) <u>None</u>	c. (Last) <u>Anderson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 26, 1861</u>	9. AGE (In years last birthday) <u>94</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 or Foreign Country) <u>Pulaski Co Richland, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Salsman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Yates</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Jefferson Anderson</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)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>True V. Anderson, Richland, Mo.</u> ADDRESS	
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) <u>Arteriosclerosis</u>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cardio Renal Disease</u>		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
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>12-1-55</u> to <u>12-31, 1955</u> , that I last saw the deceased alive on <u>12-31, 1955</u> , and that death occurred at <u>11:25</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>H. E. Stichel</u> (Degree or title)		23b. ADDRESS <u>Waynesville, Missouri</u>		23c. DATE SIGNED <u>Jan 3-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 3, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Colley Hollow</u>	24d. LOCATION (City, town, or county) (State) <u>Waynesville, Mo Rural</u>	
DATE REC'D BY LOCAL REG. <u>1-1-56</u>	REGISTRAR'S SIGNATURE <u>Paula Grace Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home Inc.</u>		ADDRESS <u>Richland, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

1-4-56 Filed 6-1-56  
Number

MISSOURI DEPARTMENT OF HEALTH  
LABORATORY OFFICE

1-1-56

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... *Clarence Thross* .....

Licensed Embalmer No. *4896*

P. O. Address *Waymerville*

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. \*