

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

881

State File No.

BIRTH NO.		REG. DIST. NO. <u>103</u>		PRIMARY REG. DIST. NO. <u>4175</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hornersville</u> c. LENGTH OF STAY (In this place) <u>50 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Hornersville</u> d. Is Residence within limits of a city or incorporated town? Yes <u>X</u> No <u>0</u> e. STREET ADDRESS (If rural, give location) <u>0350</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAMPBELL</u> b. (Middle) <u>BAKER</u> c. (Last) <u>ANDERSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 26, 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Caucasion</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>September 7, 1875</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Duck River, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Duck River, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Baker</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. L. Palenke</u> ADDRESS <u>Hornersville, Mo.</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u> DUE TO (b) <u>10 years</u> DUE TO (c) <u>4/200</u> 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 ☐ 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) (Min.)		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>10/1</u> , 19 <u>55</u> , to <u>1/25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/25</u> , 19 <u>56</u> , and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. L. Palenke</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Hornersville, Mo.</u>		23c. DATE SIGNED <u>1/26/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Horners Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hornersville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-27-56</u>		REGISTRAR'S SIGNATURE <u>Sue Palenke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson & Son Funeral Home</u> ADDRESS <u>Jonesboro, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HE
DEPARTMENT 1-30-50
COUNTY FILE NUMBER ..156

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.....
L. J. Emerson

Licensed Embalmer No.....895

P. O. Address.....Jonesboro, Va.

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.