

STANDARD CERTIFICATE OF DEATH

2459

State File No.

BIRTH NO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>573</u>	
1. PLACE OF DEATH a. COUNTY Saint Charles County, St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		d. STREET ADDRESS (If rural, give location) <u>218 Clay, St. Charles, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>218 Clay, St. Charles, Missouri</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>S.</u>		c. (Last) <u>Anderson</u>	
4. DATE OF DEATH		(Month) <u>February</u>		(Day) <u>4</u>		(Year) <u>1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Nov. 13, 1890</u>	
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>2</u>		11. DAYS <u>23</u>		12. HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>		11. BIRTHPLACE (State or foreign country) <u>Shannon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN.</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN. Divorced.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Anderson, Columbia, Mo.</u>		ADDRESS <u>Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable Sarcoid Intestinal Hemorrhage</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) (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 <u>1:30 pm</u> <u>9 Feb</u> 19 <u>54</u> , to <u>3:00 pm</u> 19 <u>54</u> , that I last saw the deceased alive on <u>3 Feb 9 pm 1954</u> , and that death occurred at <u>3:00 m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. S. Neal M.D.</u>		23b. ADDRESS <u>207 N 5th St Charles Mo</u>		23c. DATE SIGNED <u>2-4-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 4, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemet</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 4 1956</u>		REGISTRAR'S SIGNATURE <u>Hannie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker's Funeral Service, Columbia, Mo.</u>			

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4375

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.