

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15186

State File No.

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New Mexico</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. CITY OR TOWN <u>Gila</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>4300 S</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Roy</u> c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 27, 1956</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>Dec. 31, 1879</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Postmaster</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Drake, Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Postmaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William W. Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Annie Monroe</u>	14. NAME OF HUSBAND OR WIFE <u>Inla Harriet</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>Harry Anderson, Slater, Mo.</u> ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Chronic</u> (b) <u>Hypertensive Atherosclerosis</u> (c) <u>Cystitis Chronic</u> ANTECEDENT CAUSES Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>3</u>
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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) m.	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 Mar 26, 1956 to April 26, 1956, that I last saw the deceased alive on April 26, 1956, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Reftward MD</u> (Degree or title)	23b. ADDRESS <u>Slater Mo</u>	23c. DATE SIGNED <u>Apr 27, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 29, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fernwood</u>
24d. LOCATION (City, town, or county) <u>Roodhouse, Illinois</u>		(State)

DATE REC'D BY LOCAL REG. <u>5-1-56</u>	REGISTRAR'S SIGNATURE <u>Cecil L. Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jones Funeral Home, Slater, Mo.</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1956

MAY 11 1956

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

Walter J. Haines

Licensed Embalmer No. *45*

P. O. Address *State*

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.