

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16896

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5628		Registrar's No. 94	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Near Falcon Mo.</u>		c. LENGTH OF STAY (in this place) <u>2</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>U.S. Highway 32 near Falcon Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>410 Scott St. 815 8</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Gerald</u>		b. (Middle) <u>Anderson</u>		c. (Last) <u>Anderson</u>		May 13, 1956	
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>May 5, 1904</u>	
9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR <u>8</u>		11. IF UNDER 1 HRS. <u>8</u>		12. IF UNDER 1 HRS. <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Cutter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Monument engr.</u>			
11. BIRTH PLACE (City and State or Foreign Country) <u>Bonne Terre Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Lincoln Anderson</u>				13b. MOTHER'S MAIDEN NAME <u>Marie Littrell</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>445-14-2738</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Amy Loyd Hassmans</u>			
18. CAUSE OF DEATH				19. ADDRESS <u>Melrose Park Ill.</u>			
Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured cervical vertebrae</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>			
*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			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>spinal cord injury</u>			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.				8234			
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) <u>Accident</u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>8 E Lebanon near Falcon Mo Highway 32 Laclede Mo</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY <u>5-13-56 8:30 PM</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>Car left road plunged over embankment</u>				22. I hereby certify that I attended the deceased from 19 <u>10</u> , 19 <u>10</u> , that I last saw the deceased alive on <u>8:30 P.m.</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B B Hurst, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>			
23c. DATE SIGNED <u>5-17-56</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
24b. DATE <u>5/16/56</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Middlebrook Cemetery near Leabon, Mo.</u>			
24d. LOCATION (City, town, or county) (State)				25. FUNERAL DIRECTOR'S SIGNATURE <u>Helena L. Gray Holman</u>			
DATE REC'D BY LOCAL REG. <u>5-18-1956</u>				ADDRESS <u>Funeral Home Lebanon, Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

JUN 12 1956

Received 5-28-56  
Sacramento County Health Unit  
File No. 94  
Date Filed 5-28-56

JUN 14 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 Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

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.