

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **19245**

**FILED JUN 4 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **84**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Saline</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malta Bend</b>	
c. LENGTH OF STAY (in this place) <b>6 days</b>		d. STREET ADDRESS (If rural, give location) <b>Agnes Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>341 W. Mason St Buford Rest Home, Marshall</b>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Phobe</b>	b. (Middle) <b>Jane</b>	c. (Last) <b>Anderson</b>	(Month) <b>May</b>	(Day) <b>22</b>	(Year) <b>56</b>
(Type or Print)					

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Feb 17, 1872</b>	<b>9. AGE (In years last birthday)</b> <b>84</b>	<b>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b> <b>Teacher</b>	<b>11. BIRTHPLACE (State or foreign country)</b> <b>Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>
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<b>13a. FATHER'S NAME</b> <b>William Buckner</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lucy Buckner</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>William Anderson</b>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Evia Jane Belt, Omaha, Nebraska</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 months</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Malnutrition</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>2865</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** *made no mention 5-18-56 to 5-24-56* **, 19** **, that I last saw the deceased alive on** **, 19** **, and that death occurred at** **5:45 p. m.** **, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>C. L. Lawless M.D. Brownwald Marshall Mo</b>	<b>23b. ADDRESS</b>	<b>23c. DATE SIGNED</b> <b>5-24-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>5/26/56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Fairview Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Marshall, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>5-27-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl J. Bell</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>George H. Green Marshall Mo</b>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 .....  
Student Embalmer

Signed

*Georges Green*

Licensed Embalmer No. 4220

P. O. Address Marshall, Mo.

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