

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9279

State File No. _____

FILED MAR 25 1957

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4286</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u> <u>0560</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>LA Grange</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Quincy</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>No Street Address</u>				e. STREET ADDRESS (If rural, give location) <u>814 1/2 Nth St</u>		<u>8120</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Henry</u>		b. (Middle) <u>Anderson</u>		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>20</u> <u>57</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 22 1895</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police mzn</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public service</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Elmwood - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Chas Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary All Good</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Anderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Lost</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Harris LaGrange Ne</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>Impediments (chronic)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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) <u>4222</u>			
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 <u>Jan 26</u> , 19 <u>57</u> , to <u>March 20</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>March 20</u> , 19 <u>57</u> , and that death occurred at <u>1:20 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. S. Allen M.D.</u> (Degree or title)				23b. ADDRESS <u>La Grange Mo</u>		23c. DATE SIGNED <u>3/20/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bury</u>		24b. DATE <u>MARCH 23 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Mount</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy Illinois</u>	
DATE REC'D BY LOCAL REG. <u>3-21-57</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Kenneth Bailey La Grange Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No. 4248

P. O. Address La Grange 7

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.