

STANDARD CERTIFICATE OF DEATH

14183

STATE FILE NUMBER

FILED APR 17 1957

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Phelps County INSTITUTION Memorial Hosp			Length of stay in lb hr	d. STREET ADDRESS x			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Billy Carrell Anderson				4. DATE OF DEATH Month Day Year April 10 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-11-1934	9. AGE (In years less birthday) 23	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory work			10b. KIND OF BUSINESS OR INDUSTRY welder	11. BIRTHPLACE (City and state or country) Salem Dent Co Mo		12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME Arley Anderson				14. MOTHER'S MAIDEN NAME Lena McAllister			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. ✓	17. INFORMANT Address Arley Anderson Salem Mo				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemothorax - left Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple rib fractures. DUE TO (c) Laceration of lung							INTERVAL BETWEEN ONSET AND DEATH 2 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile accident						
20c. TIME OF INJURY 11 p. m. 4-9-57							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hwy 32-72		20f. CITY, TOWN, OR LOCATION Salem Dent		STATE Mo.	
21. I attended the deceased from 4-9-57 to 4-10-57 and last saw him alive on 4-10-57 Death occurred at 1:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Irlaud Kimball M.D.				22b. ADDRESS Salem, Mo.		22c. DATE SIGNED 4/11/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-12-57	23c. NAME OF CEMETERY OR CREMATORY Mt Herman Cem		23d. LOCATION (City, town, or county) (State) Dent Co Mo			
24. FUNERAL DIRECTOR Carl R. Spruner Salem Mo			ADDRESS	25. DATE RECD. BY LOCAL REG. Apr. 11, 1957	26. REGISTRAR'S SIGNATURE Nadine L. Stoeck		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

Phelps County Health Officer,

County File Number 695

Date Filed APR 15 1957

APR 15 1957

FEB 13 1962

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 Carl H. Spencer

Licensed Embalmer No. 927

P. O. Address Salmon

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.