

FILED MAY 22 1957

STANDARD CERTIFICATE OF DEATH

State File No. 18240

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 21			
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville				c. LENGTH OF STAY (in this place) 1 Week		c. CITY OR TOWN Rural-Spring Creek			
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital				e. STREET ADDRESS (If rural, give location) 2 miles North of Edgar Springs					
3. NAME OF DECEASED (Type or Print) LOUELLA		a. (First) FLORENCE		b. (Middle) ANDERSON		c. (Last)			
4. DATE OF DEATH May 12, 1957		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH February 1, 1910		9. AGE (in years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Edgar Springs, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Henry Heavin		13b. MOTHER'S MAIDEN NAME Cora Black		14. NAME OF HUSBAND OR WIFE Teba Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME Teba Anderson		ADDRESS Edgar Springs, Mo.			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus ANTECEDENT CAUSES Morbid 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. 19a. DATE OF OPERATION May 5, 1957				19b. MAJOR FINDINGS OF OPERATION Cystic tumor of thyroid 251X				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE		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) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from April 20, 1957, to May 12, 1957, that I last saw the deceased alive on May 12, 1957 and that death occurred at 8 A. m., from the causes and on the date stated above.									
23a. SIGNATURE Richard E. Myers		23b. ADDRESS Newburg, Mo.		23c. DATE SIGNED May 13, 1957					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1957		24c. NAME OF CEMETERY OR CREMATORY Edgar Springs Cemetery		24d. LOCATION (City, town, or county) (State) Edgar Springs Mo.,			
DATE REC'D BY LOCAL REG. 5-15-57		REGISTRAR'S SIGNATURE Paula Mae Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Hull		ADDRESS Pella, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-18-57
Pulaski County Health Officer
File Number 61
Date Filed 5-15-57

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. 449

P. O. Address.....Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.