

FILED AUG 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 027407
STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Vandalia		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 South Walnut			Length of stay in lb YEARS	d. STREET ADDRESS 401 South Walnut		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First James Middle Walter Last Anderson				4. DATE OF DEATH Month Aug Day 21 Year 1957			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH June 1, 1880		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand		10b. KIND OF BUSINESS OR INDUSTRY General work		11. BIRTHPLACE (City and state or country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Noah Anderson				14. MOTHER'S MAIDEN NAME Lovier Camp			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-14-1000		17. INFORMANT Address Mrs Hattie B. Anderson, Vandalia, 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) Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 415X						INTERVAL BETWEEN ONSET AND DEATH 2/2/54 8/20/57	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from August 18, 1954 to August 20, 1957 and last saw him alive on Aug/20/57 Death occurred at 7:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. B. Blaud m. D. (Degree or title)				22b. ADDRESS Vandalia, Missouri		22c. DATE SIGNED Aug/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 24, 1957		23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		23d. LOCATION (City, town, or county) (State) Vandalia, Missouri	
24. FUNERAL DIRECTOR William B Waters		ADDRESS Vandalia, Mo.		25. DATE RECD. BY LOCAL REG. Aug 25 1957		26. REGISTRAR'S SIGNATURE Mattie Ferguson	

(Licensed Embolmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18 1988 97 436

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 *William B. Ginter*

Licensed Embalmer No. *41*

P. O. Address *Vandalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.