

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1957

28596

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lebanon</u>		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>Lebanon</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) <u>Wallace Hosp</u>		Length of stay in lb <u>7 hrs</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 1</u>		Residence on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Ola</u> Middle <u>Wilma</u> Last <u>Anderson</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>14</u> Year <u>1957</u>			
5. SEX <u>7</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Oct. 21, 1900</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>John Griffin</u>				14. MOTHER'S MAIDEN NAME <u>Lou Barr</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Walter Anderson</u> Address <u>Lebanon Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardio-vascular renal disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>33 hrs.</u> <u>5 yrs.</u>
19a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20a. TIME OF INJURY Hour <u>3:30</u> a. m. <u>P.</u> Month, Day, Year <u>8-14-57</u>							
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 <u>1957</u> to <u>8-14-57</u> and last saw her <u>alive</u> on <u>8-13-57</u> Death occurred at <u>3:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. Carrington</u> (Degree or title)				22b. ADDRESS <u>Lebanon Mo.</u>		22c. DATE SIGNED <u>8-19-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/17/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>White Oak Pond Cemetery near Lebanon Mo</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Holman</u>		ADDRESS <u>Lebanon Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-24-1957</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1959

Received 9-3-57
Laclede County Health Unit
File No. 142
Date Filed 9-3-57

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 Dorsey M. How

Licensed Embalmer No. 4

P. O. Address Lebanon

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.