

Health,
& Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1957

STATE FILE NUMBER
2001 Registrar's No. 482

Registration District No. 156 Primary Registration District No. 2001

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 60 YRS	d. STREET ADDRESS (If outside, give location) 909 CENTRAL AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST FRED ANDERSON			4. DATE OF DEATH Month Day Year OCT. 8, 1957		
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 28, 1884	9. AGE (In years last birthday) 72	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY JOPLIN FURNITURE CO.	11. BIRTHPLACE (City and state or country) OSWEGO, KS.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME TAYLOR ANDERSON		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE MINNIE ANDERSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-01-1025A	17. INFORMANT Address MRS. MINNIE ANDERSON, 909 CENTRAL		
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>Uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Urethral Stricture</u>					<u>Don't know</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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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>Oct 6, 1957</u> to <u>Oct 8, 1957</u> and last saw ^{her} _{him} alive on <u>10-7-57</u> Death occurred at <u>Oct 8 3:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Charles D. Paasow M.D.</u>			22b. ADDRESS <u>504 Swiss Bldg. Joplin Mo.</u>		22c. DATE SIGNED <u>10-10-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <u>10-9-57</u>	23c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY,		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. <u>10-19-1957</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

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.

RECEIVED OCT 25 1957

Jasper County Health Office

County File Number 863
~~OCT 25 1957~~

Date Filed _____

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.