

State File No. **39777**

FILED DEC 9 - 1957

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|---|--|---|--|---|----------------|---|---|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | 3010 | | Registrar's No. | | 103 | |
| 1. PLACE OF DEATH a. COUNTY Dent | | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem | | | | c. LENGTH OF STAY (in this place) 60 yrs | | c. CITY OR TOWN Salem | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Hart Clinic | | | | | | e. STREET ADDRESS (If rural, give location) North Henderson 033% | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) David | | b. (Middle) C. | | c. (Last) Anderson | | 4. DATE OF DEATH (Month) (Day) (Year) 12- 2- 1957 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH May 15, 1876 | | 9. AGE (In years last birthday) 81 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and State or Foreign Country) Kentucky | | | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME James Clemons Anderson | | | | 13b. MOTHER'S MAIDEN NAME Elizabeth --- | | | | 14. NAME OF HUSBAND OR WIFE Anna Rudd Anderson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X | | | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Rudd Anderson, Salem, 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, asthma, etc. It means the disease, injury, or complication which caused death. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiac disease - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) --- DUE TO (c) 4200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia. INTERVAL BETWEEN ONSET AND DEATH ? weeks | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | | | | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | | 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) m. | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from Oct. 1949, to Dec. 7, 1957, that I last saw the deceased alive on Dec. 7, 1957, and that death occurred at 12:10 pm., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE Martin Mart M (Degree or title) | | | | | | 23b. ADDRESS Salem, Mo. | | | 23c. DATE SIGNED 12/3/57 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-4-1957 | | 24c. NAME OF CEMETERY OR CREMATORY Blackwell | | | 24d. LOCATION (City, town, or county) (State) Dent County, Missouri | | | | |
| DATE REC'D BY LOCAL REG. 12/3/57 | | REGISTRAR'S SIGNATURE M. M. Hart M. S. Lupton | | | | FUNDRAISING DIRECTOR'S SIGNATURE | | | ADDRESS Salem, Missouri | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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. 2374

P. O. Address.....
Salina, 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.