

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41540

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>			Length of stay in lb <u>Life</u>		d. STREET ADDRESS <u>704 FISK AVE</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>STOKLEY</u> Middle <u>PORTUE</u> Last <u>ANDERSON</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>26</u> Year <u>1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8-8-1910</u>	
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL CLOTHING</u>		11. BIRTHPLACE (City and state or country) <u>MOBERLY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>ROBERT O. ANDERSON</u>				14. MOTHER'S MAIDEN NAME <u>SUSAN BROCK</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>W. W. II</u>		17. INFORMANT Address <u>MRS. LOUISE ANDERSON - MOBERLY</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>Cuttings of the Liver.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Liver Biopsy Confirmed Hepatitis.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20d. INJURY OCCURRED WHILE AT WORK <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>Nov 18 '57</u> , to <u>Nov 26 '57</u> and last saw <u>her</u> alive on <u>Nov 26 '57</u> Death occurred at <u>125 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. W. Anderson, Jr. M.D.</u>				22b. ADDRESS <u>1111 1/2 N. 1st St. Mo.</u>		22c. DATE SIGNED <u>Nov 27 '57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-29-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND</u>		23d. LOCATION (City, town, or county) (State) <u>MOBERLY, MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>MAHAN FUNERAL SERVICE - MOBERLY</u>				25. DATE RECD. BY LOCAL REG. <u>Nov 29 1957</u>		26. REGISTRAR'S SIGNATURE <u>Leah Louise</u>	

(Licensed Embolmer's Statement on Reverse Side)

DEC 10 1957

JUL 28 1958

DEC 20 1957

### 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.....

*John A. Green*

Licensed Embalmer No. 2813

P. O. Address *Mobility 7*

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.