

Dept. Health,
 & Welfare
 S. Public
 Health Service

V.S. 300
 Rev. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

43637
 STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Twp		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OR (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION 15 Mi. N.W., P.B. 1 day				d. STREET ADDRESS (If outside, give location) 311 S. KIMBALL Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) FRED ANDERSON			4. DATE OF DEATH DEC. 21 1957			Month Day Year	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 16, 1909	
9. AGE (In years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI	
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10d. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILLIAM ANDERSON				14. MOTHER'S MAIDEN NAME MAUDE unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. 403-01-2471		17. INFORMANT Mrs. Lucy ANDERSON MALDEN, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Duration 3 months DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
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"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 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 _____ to _____ and last saw her alive on _____ Death occurred at 12:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. H. Minette				22b. ADDRESS Poplar Bluff Mo		22c. DATE SIGNED 1/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/23/57		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) MALDEN MO	
24. FUNERAL DIRECTOR DAY FUNERAL HOME ADDRESS WALDEN, MO				25. DATE RECD. BY LOCAL REG. 1/20/57		26. REGISTRAR'S SIGNATURE R. H. Minette	

RECEIVED

JAN 3 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 6 1958

JAN 10 1958

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 *J. J. Fleeman*.....

Licensed Embalmer No. *408*

P. O. Address *Made*.....

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.