

FILED DEC 30 1957

THE DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

43954

STATE FILE NUMBER

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 32

1. PLACE OF DEATH a. COUNTY DUNKLIN				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 MALDEN		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN MALDEN		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE		Length of stay in lb LIFE		d. STREET ADDRESS 310 N BECKWITH		(If outside, give location) ☒ Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN WILLIAM ANDERSON				4. DATE OF DEATH DEC. 16, 1957 Month Day Year			
5. SEX ☒ MALE ☐ FEMALE		6. COLOR OR RACE WHITE		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH JAN. 6, 1895 Age (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY GROC. STORE		11. BIRTHPLACE (City and state or country) CARUTHERSVILLE, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN ROBERT ANDERSON				14. MOTHER'S MAIDEN NAME ELIZABETH RUDDER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. I		16. SOCIAL SECURITY NO. 186-38-0413		17. INFORMANT Address OPH ELIA 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) <i>Cerebral Damage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>Previous Damage 4 July-57 Latent</i> DUE TO (b) <i>Suppurative Infection</i> DUE TO (c) <i>Septicemia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X							INTERVAL BETWEEN ONSET AND DEATH 20 months
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
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 MALDEN		COUNTY STATE	
21. I attended the deceased from Dec 11-57 to Dec 16/57 and last saw her alive on Dec 16-57 Death occurred at 8 AM m on the date stated above, up to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>D. J. Cavanaugh D.C.</i> (Dee or title)				22b. ADDRESS <i>Malden MO</i>		22c. DATE SIGNED <i>Dec 17/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/18/57		23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY		23d. LOCATION (City, town, or county) (State) MALDEN MO.	
24. FUNERAL DIRECTOR DAY FUNERAL HOME		ADDRESS MALDEN, MO.		25. DATE RECD. BY LOCAL REG. 12-18-1957		26. REGISTRAR'S SIGNATURE <i>J. J. Schumann</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

87-0

DEPARTMENT 12-24-57

COUNTY FILE NUMBER 1257

DEC 31 1957

FEE 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 40

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.