

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1958

4202  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 17

106  
1-57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nevada</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>1207 N. Main</u>		Length of stay in 1b	d. STREET ADDRESS <u>1207 N. Main</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>ANDERSON</u> Last <u>ANDERSON</u>			4. DATE OF DEATH Month <u>January</u> Day <u>15</u> Year <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</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>1917</u> <u>February 23</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil</u>		11. BIRTHPLACE (City and state or country) <u>Schell City, Mo.</u>	
13a. FATHER'S NAME <u>David Clem Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Dunn</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Anderson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>486-24-6337</u>		17. INFORMANT <u>Jessie Anderson</u> Address <u>Nevada, Mo.</u> <u>1207 N. Main</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>Gunshot wound in chest</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9190</u> <u>19</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>It was determined to be accidental by a coroner's jury, but</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>1-15-'58</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>		20f. CITY, TOWN, OR LOCATION <u>Nevada</u> COUNTY <u>Vernon</u> STATE <u>Missouri</u>			
21. I attended the deceased from _____, to _____ and last saw her <sup>him</sup> alive on <u>Jan. 15, 1958</u> Death occurred at <u>Nevada, Mo.</u> <u>3:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Inscribed or title) <u>A. P. McCann, M.D.</u>			22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>		22c. DATE SIGNED <u>1-24-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1958</u> <u>January 18</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	23d. LOCATION (City, town, or country) (State) <u>Nevada</u> <u>Missouri</u>		
24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-1-1958</u>	26. REGISTRAR'S SIGNATURE <u>Orma E. Ferry</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 10 1958

FEB 7 1958  
FEB 5 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 *L. Douglas Ferry* .....

Licensed Embalmer No. *4960* .....  
P. O. Address *Newada, W.*

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.