

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009741

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3551 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural</u> Length of stay in 1b <u>14 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>Rte 3</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Raymond Earl Anderson</u>		4. DATE OF DEATH Month Day Year <u>2-25-1958</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</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>5-3-1890</u>
9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months Days <u>7 22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (City and state of country) <u>Potosi, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. J. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie LeDene Anderson</u>	
14. NAME OF HUSBAND OR WIFE <u>Geo. J. Anderson</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>451-30-1111</u>		17. INFORMANT <u>Thomas C. Anderson</u> Address <u>West Plains, Mo.</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>Coronary Thrombosis</u> DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Arterial Arteriosclerosis & Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>241X</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year			
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>9 Jan. 1949</u> to <u>25 Feb. 1958</u> and last saw him alive on <u>24 Feb. 1958</u> Death occurred at <u>00:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. W. J. Anderson</u>		22b. ADDRESS <u>West Plains, Mo.</u>	
22c. DATE SIGNED <u>MAR 9 - 1958</u>			
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>Buried</u>		23b. DATE <u>3-28-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Maebey</u>		23d. LOCATION (City, town, or county) (State) <u>Potosi, Mo.</u>	
24. FUNERAL DIRECTOR <u>Robertson</u>		25. DATE RECD. BY LOCAL REG. <u>MO. 3-15-58</u>	
26. REGISTRAR'S SIGNATURE <u>Thomas C. Anderson</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *A. J. Roberts*

Licensed Embalmer No. 343

P. O. Address *West Hill*

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.