Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

FILED APR 28 1958

STANDARD CERTIFICATE OF DEATH

58-013959
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 782

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clinton — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 412 N. Main — Length of stay in lb: 22 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Henry 04.22
c. CITY OR TOWN: Clinton — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 412 N. Main — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle Z Last ANDERS

4. DATE OF DEATH: Month 4 Day 18 Year 58

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-9-1873

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 6 Days 9 — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Terre Haute, Ind.

12. CITIZEN OF WHAT COUNTRY?: U S A.

13a. FATHER'S NAME: John Anders

13b. MOTHER'S MAIDEN NAME: Sarah Anders

14. NAME OF HUSBAND OR WIFE: Lillie mae anders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No VCO

16. SOCIAL SECURITY NO.: 493-12-6472

17. INFORMANT Address: Lillie Mae Anders Clinton 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 Embolism — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 3 yrs
DUE TO (c): 4201
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 ☐ NO ☒

MEDICAL CERTIFICATION

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 COUNTY STATE

21. I attended the deceased from Jan 58 to 4-17-58 and last saw her/him alive on 4-16-58
Death occurred at 7:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Walker M.D.

22b. ADDRESS: Clinton Mo

22c. DATE SIGNED: 4-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Buried

23b. DATE: 4-20-58

23c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery

23d. LOCATION (City, town, or county) (State): Clinton Mo.

24. FUNERAL DIRECTOR ADDRESS: Schoberg Funeral Home Clinton Mo

25. DATE RECD. BY LOCAL REG.: 4 20 58

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton Mo

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.