

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015214

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 203

5. 300  
6. 1-57

0804  
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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

|  |                               |   |  |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pettis</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Sedalia</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Sedalia</b> <span style="float: right;">0804<br/>0</span>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>30th and Ohio</b>   |                               | Length of stay in lb <b>53 yrs. in Sedalia</b>  | d. STREET ADDRESS <b>30th and Ohio</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <b>PETE</b> Middle <b>G.</b> Last <b>ANDERSON</b>  |                               |   | 4. DATE OF DEATH Month <b>April</b> Day <b>15</b> Year <b>1958</b>   |
| 5. SEX <b>Male</b> <span style="float: right;">0</span>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Jan. 13, 1880</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>Retired laundryman groceryman</b>  |                               | 10b. KIND OF BUSINESS OR <b>Laundry Retail Grocery</b>  | 9. AGE (In years (birthday)) <b>78</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.   |
| 11. BIRTHPLACE (City and state or country) <b>Blair, Nebraska</b>  |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>Ganado, Texas</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Anna Paulson</b>   | 14. NAME OF HUSBAND OR WIFE <b>Irene Helms Anderson</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>No</b>  |                               | 16. SOCIAL SECURITY NO. <b>491-07-6309</b>  | 17. INFORMANT <b>Mrs. Irene Anderson, 30th and Ohio Sedalia, Mo.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Chronic myocarditis</b>  |                               |   | INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Myocardial degeneration</b>  |                               |   |  |
| DUE TO (c) <b>Arteriosclerotic heart disease</b>   |                               |   | <b>4200</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Senile debility due to multiple small cerebral accidents</b>   |                               |   | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| 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<br>o.m.<br>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 <b>February 7, 1958</b> , to <b>April 15, 1958</b> and last saw <sup>her</sup> him alive on <b>April 9, 1958</b><br>Death occurred at <b>8:15</b> <b>a</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Newell D. J.</b>  |                               | 22b. ADDRESS<br><b>1709 J. Broadway</b>   | 22c. DATE SIGNED<br><b>4-16-58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>2/17/58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Sedalia, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Frances Shelby</b>  |                               | ADDRESS<br><b>Sedalia, Missouri</b>   | 25. DATE RECD. BY LOCAL REG. <b>4-17-58</b> 26. REGISTRAR'S SIGNATURE<br><b>Frances Shelby</b>   |

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 *P. E. Baker* .....

Licensed Embalmer No. *2419* .....

P. O. Address *Seelatic* .....

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.