

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020793

STATE FILE NUMBER

FILED JUN 20 1958		Registration District No. 10		Primary Registration District No. 3002		Registrar's No. 133	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Audrain				a. STATE Mo.		b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico				c. CITY OR TOWN Rowena		In to Limits Yes: No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County				Length of stay in lb 4 days		d. STREET ADDRESS Rte 3, Centralia (If outside, give location)	
Reside on Farm Yes ☒ No ☐							
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Roy Middle Oliver Last Anderson				Month June Day 9 Year 1958			
5. SEX Male		6. COLOR OR RACE Caucasian		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH May 26, 1881	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR 0 Months 13 Days		IF UNDER 24 HRS. 0 Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and Blacksmithing				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Boone County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME E.C. Anderson				14. MOTHER'S MAIDEN NAME Nannie Roberts			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Roy Anderson, Rte 3, Centralia	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____ 331X							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
Arteriosclerotic heart disease with auricular fibrillation							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒							
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 6/5/58 to 6/9/58 and last saw him alive on 6/9/58 Death occurred at 11/30 a. m. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Louis A. Bealer M.D.				22b. ADDRESS Centralia, Mo.		22c. DATE SIGNED 6/10/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		June 12, 1958		Mt. Horeb Cemetery		near Sturgeon, Mo.	
24. FUNERAL DIRECTOR Bill E. Meador Centralia, Missouri		25. DATE RECD. BY LOCAL REG. June 11-1958		26. REGISTRAR'S SIGNATURE Blanche Stealy			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 20 1958
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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

Bill J. Meador

Licensed Embalmer No. 481

P. O. Address *Centerville, Mo.*

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