

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021366

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 58-46

300  
-57

296  
0

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood Mo</u>		c. CITY OR TOWN <u>So. Greenfield Mo. rtl</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4mi S.W</u>	

3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Eunice</u> Last <u>Anderson</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1958</u>		
5. SEX <u>F</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>Oct 9, 1889</u>		9. AGE (In years last birthday) <u>68</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Edna Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Bennett</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Master</u>	14. NAME OF HUSBAND OR WIFE <u>Loyd L Anderson</u>
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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>none</u>	17. INFORMANT <u>Loyd L Anderson So Greenfield Mo. rtl</u>
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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>Liver metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>
DUE TO (b) <u>causes of the Pancreas</u>		
DUE TO (c) <u>157X</u>		
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 <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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____
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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 <u>Lockwood</u>	COUNTY _____ STATE _____
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21. I attended the deceased from 6-3-58 to 6-22-58 and last saw her him alive on 6-21-58  
Death occurred at 4:30a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Max Heilbrunn MD</u>	22b. ADDRESS <u>Lockwood</u>	22c. DATE SIGNED <u>6-23-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 24 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u>	23d. LOCATION (City, town, or county) (State) <u>Greenfield Mo.</u>
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24. FUNERAL DIRECTOR <u>W. R. Allison</u>	ADDRESS <u>Greenfield Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6/26/1958</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

178  
0

8561 7 I TTP

VS  
JUL 21 1959

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 *W.R. Allison* .....

Licensed Embalmer No. *4404* .....

P. O. Address *Greenfield* .....

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.