

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029519

STATE FILE NUMBER

FILED SEP 4 1958		Registration District No. 171		Primary Registration District No. 4267		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Odessa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Odessa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 400 N. Sec. St.		Length of stay in lb 12 yrs		d. STREET ADDRESS 400 N. Second		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James O. Anders				4. DATE OF DEATH Month Day Year Aug 26, 1958			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar 9, 1881	
9. AGE (In years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Terre Haute, Ind.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Anders				14. MOTHER'S MAIDEN NAME Sarah Williams			
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. lost		17. INFORMANT Mrs. Grace Anders, Odessa, 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) <u>Cardiac insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200							INTERVAL BETWEEN ONSET AND DEATH 18 days 18 days
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 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 12-27-58 to 8-26-58 and last saw him alive on 8-26-58 Death occurred at 1:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Cecil L. Watson MD				22b. ADDRESS Odessa Mo.		22c. DATE SIGNED 8-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-28-58		23c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery		23d. LOCATION (City, town, or county) (State) Calhoun Missouri	
24. FUNERAL DIRECTOR Ralph O. Jones Odessa, Missouri				25. DATE RECD. BY LOCAL REG. 8-28-1958		26. REGISTRAR'S SIGNATURE Emma Davidson	

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1958

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.....

Licensed Embalmer No. 46

P. O. Address Odessa

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.