

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031658  
STATE FILE NUMBER

Dn Kerr

FILED SEP 23 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Monett</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>411 6th.</b>		d. STREET ADDRESS (If outside, give location) <b>411 6th.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Anthony Andrew Anderson</b>		4. DATE OF DEATH Month Day Year <b>Sept. 15, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-30-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R.R. Engineer</b>		11. BIRTHPLACE (City and state or country) <b>Purdy, Mo.</b>	
13a. FATHER'S NAME <b>Charles W. Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>Charlotte Anderson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I.</b>		16. SOCIAL SECURITY NO. <b>702-07-2098</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>11-5-54</b> to <b>Sept 15-58</b> and last saw her alive on <b>9-13-58</b> Death occurred at <b>6:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) <b>Frank W. Kerr MD</b>	
22b. ADDRESS <b>Monett Mo</b>		22c. DATE SIGNED <b>9-16-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-17-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Monett, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Mercer Funeral Home Monett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-16-58</b>	
		26. REGISTRAR'S SIGNATURE <b>Mrs. P.N. Cook</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.**

NO. 958-188

DATE REC. 9-22-58

SEP 21 1958

SEP 24 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 Roy H. Mercer

Licensed Embalmer No 4432

P. O. Address Monett, 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.**