

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031716

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 424

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		c. CITY OR TOWN <u>Drexel</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Cancer</u>		d. STREET ADDRESS (If outside, give location) <u>48 days</u>	
3. NAME OF DECEASED (Type or print) First <u>Hubert</u> Middle <u>Leonard</u> Last <u>Anderson</u>		4. DATE OF DEATH Month <u>9</u> Day <u>21</u> Year <u>58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-3-86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky /</u>	
13a. FATHER'S NAME <u>Robert L. Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>not married</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) <u>unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
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>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma, Rectum, Inoperable</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>a.m.</u> Month, Day, Year <u>p.m.</u>		20d. INJURY OCCURRED WHILE AT <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>Drexel</u>	
20g. COUNTY <u>Cass</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>8-4-58</u> to <u>9-20-58</u> and last saw him alive on <u>9-20-58</u> Death occurred at <u>12:25</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Charles J. Schmeck, M.D.</u>	
22b. ADDRESS <u>State Cancer Hosp.</u>		22c. DATE SIGNED <u>9-22-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-22-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Harmon Cem.</u>		23d. LOCATION (City, town, or county) <u>Drexel, Mo</u>	
24. FUNERAL DIRECTOR <u>Parmer Funeral Service Columbia</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 22 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

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. 4897

P. O. Address. Columbia, 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.