

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033870
STATE FILE NUMBER

FILED OCT 1 1958		Registration District No. 301		Primary Registration District No. 44-50		Registrar's No. 620	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u>				c. CITY OR TOWN <u>Doniphan</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hosp</u>				Length of stay in lb. <u>8 days</u>		d. STREET ADDRESS (If outside, give location) <u>RR #1</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Robert</u> Last <u>Anderson</u>				4. DATE OF DEATH Month <u>9</u> Day <u>3</u> Year <u>58</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</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>6-22-96</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Newton Anderson</u>				13b. MOTHER'S MAIDEN NAME <u>Lizzie Bear</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Anderson</u>	
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>494-38-6291</u>		17. INFORMANT <u>Rosemary Few</u> Address <u>RR1 Doniphan, Mo</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>arteriosclerotic heart disease & decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>4200</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>asthma + COPD</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
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>8:00</u> a.m. <u>p.m.</u> Month, Day, Year				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>Doniphan, Mo</u>			
20g. COUNTY <u>Doniphan</u>				20h. STATE <u>MO</u>			
21. I attended the deceased from <u>June 56</u> to <u>9/3/58</u> and last saw him alive on <u>9/3/58</u> Death occurred at <u>8:00</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.						22. DATE SIGNED <u>9/9/58</u>	
22a. SIGNATURE <u>Frank Johnson M.D.</u>				22b. ADDRESS <u>Doniphan, Mo</u>		22c. DATE SIGNED <u>9/9/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-6-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Black Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>CLAY COUNTY ARK.</u>	
24. FUNERAL DIRECTOR <u>EDWARDS FUNERAL HOME</u> <u>Doniphan, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>9-26-58</u>		26. REGISTRAR'S SIGNATURE <u>Ruth E. Johnston</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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8564 83 100

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

Thomas M. Emmons

Licensed Embalmer No. *5064*

P. O. Address *Doniphan, 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.