

FILED DEC 15 1958

XC-525349

REG.#17361

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039045

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 681

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MOUNTAIN GROVE</b> <u>1140</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>			Length of stay in 1b <b>48 DAYS</b>			d. STREET ADDRESS (If outside, give location) <b>ROUTE FOUR</b>	
3. NAME OF DECEASED (Type or print) First <b>GILBERT</b> Middle <b>FRANCIS</b> Last <b>ANDERSON</b>				4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>30</b> Year <b>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>5-4-89</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAIL CARRIER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. GOV'T. POST OFFICE</b>		11. BIRTHPLACE (City and state or country) <b>VANZANT, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>RICHARD A. ANDERSON</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH TOOLEY</b>		14. NAME OF HUSBAND OR WIFE <b>CATHERINE 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 WWI</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT Address <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</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>HYPERTENSION, ESSENTIAL, SEVERE.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Many Years.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>a. Hypertensive Heart Disease. 442X few</b>		DUE TO (c) <b>b. Hypertensive Encephalopathy.</b>			
				<b>c. Arteriolar Nephrosclerosis, far-advanced with Azotemia.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1. Leaking cervical thoracic aneurysm with terminal hypothyroidism, secondary to deep cervical hemorrhage.</b>						19. WAS AUTOPSY PERFORMED? No 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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. Attended the deceased from <b>Oct. 13, 1958</b> to <b>Nov. 30, 1958</b> and to the best of my knowledge, from the causes stated. Death occurred at <b>Silly, A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Robert S. Cohen</b> (Do not write in this space) <b>ROBERT S. COHEN, M.D., Chief, Med. Svc.</b>				22b. ADDRESS <b>VA HOSPITAL, POPLAR BLUFF, MO.</b>		22c. DATE SIGNED <b>12/1/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/3/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mountain Grove, Missouri.</b>		
24. FUNERAL DIRECTOR <b>Russell W Barber, Mtn. Grove</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>12/6/58</b>		26. REGISTRAR'S SIGNATURE <b>R. M. Muette</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 19 1958

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BUTLER CO. HEALTH CENTER

6961-6 dVW

FILE No.

FILE NO.

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 *Benny Stapp*

Licensed Embalmer No. 3161  
P. O. Address *Mt. Zion*

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.