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S. 300

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039198

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No.

59

Primary Registration District No.

5223

Registrar's No.

157

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Everett Township		c. CITY OR TOWN Archie 0190	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles W. Archie, Instant		d. STREET ADDRESS (If outside, give location) Everett Twp.	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Harold Anderson		4. DATE OF DEATH Month Day Year Nov 3 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 2/20/1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Albia Monroe Co. Iowa
13a. FATHER'S NAME Charles Paul Anderson		13b. MOTHER'S MAIDEN NAME Lucy Gladys Dodge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2		16. SOCIAL SECURITY NO. 488 26 6394	
17. INFORMANT Mrs. Fannie Anderson Archie, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Trauma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) suicide gunshot wound DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976X			INTERVAL BETWEEN ONSET AND DEATH none
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) suicide gunshot in head	
20c. TIME OF INJURY 9:00 XXXX 11/3/58			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
20f. CITY, TOWN, OR LOCATION Archie		COUNTY Cass STATE Missouri	
21. I attended the deceased from XXX to XX and last saw her/him alive on XX Death occurred at 9:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Samuel J. Anderson (Cora)		22b. ADDRESS Phlox Hill, Mo.	
22c. DATE SIGNED 11/15/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/6/58	
23c. NAME OF CEMETERY OR CREMATORY Reeds Cemetery		23d. LOCATION (City, town, or county) (State) Reeds Missouri	
24. FUNERAL DIRECTOR Atkinson Dickey		ADDRESS Archie, Missouri	
25. DATE RECD. BY LOCAL REG. 11-18-58		26. REGISTRAR'S SIGNATURE Dr. F. L. Anderson Deputy	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8961 9 2 AON

VS MAY 19 1956

VS MAY 19 1956

CASS COUNTY
HEALTH DEPARTMENT

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 R. Robert Atkinson

Licensed Embalmer No. 4902

P. O. Address Narrowsville, 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.