

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042919

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 324

Primary Registration District No.

Registrar's No. 178

972
S. 300 4
1-57

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Slater	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL Johnson Nursing Home INSTITUTION Marshall		d. STREET ADDRESS (If outside, give location) 301 N. Main	
3. NAME OF DECEASED (Type or print) First Harry Middle Lee Last Anderson		4. DATE OF DEATH Month Nov. Day 9 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH February 16, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		11. BIRTHPLACE (City and state or country) Green County, Ill.	
13a. FATHER'S NAME W.W. Anderson		14. NAME OF HUSBAND OR WIFE Mary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. Mary Anderson Slater, Mo.	
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspirate Pneumonia Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Chr. Myocarditis DUE TO (c) Dehydrated Chr		INTERVAL BETWEEN CAUSE AND DEATH 260X	
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Heart Attack Exposed Jan 15 1958	
20c. TIME OF INJURY Hour 7:00 a.m. 58 Month, Day, Year p.m.		20f. CITY, TOWN, OR LOCATION Slater, Mo	
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Slater, Mo	
21. I attended the deceased from Jan 15 58 to Nov 9 58 and last saw her alive on Nov 9-58 Death occurred at 1:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
22a. SIGNATURE W. L. Anderson (Degree or title)		22b. ADDRESS Slater, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-12-1958	
23c. NAME OF CEMETERY OR CREMATORY Fernwood		23d. LOCATION (City, town, or county) (State) Roodhouse, Illinois	
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.		25. DATE RECD. BY LOCAL REG. 11-12-58	
26. REGISTRAR'S SIGNATURE Carroll H. Read			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 4 1958

NOV 18 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

Walter J. Haine

Licensed Embalmer No. 4557

P. O. Address *Shelton*

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.

DEC 11 1958