

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043677
STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 196

2
S. 300
1-57

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|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Senath</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dun. Co. Memo.</u> | | Length of stay in 1b <u>4 wks</u> | d. STREET ADDRESS (If outside, give location) <u>Route 1.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Magdalene</u> Last <u>Anderson</u> | | | 4. DATE OF DEATH Month <u>Dec</u> Day <u>13</u> Year <u>1958</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-19-1917</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years if UNDER 1 YEAR if UNDER 24 HRS. (Last birthday) <u>41</u> Months <u>8</u> Days <u>24</u> Hours <u></u> Min. <u></u> |
| 11. BIRTHPLACE (City and state or country) <u>Baxter Co. Ark.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u> | | 17. INFORMANT Address <u>Billy Anderson, Senath, 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>massive myocardial Thrombosis.</u> DUE TO (b) <u>multiple fractures.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> |
| 20a. ACCIDENT <input checked="" 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.) <u>Auto Accident</u> | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | | 20f. CITY, TOWN, OR LOCATION <u>Senath</u> COUNTY <u>Dunklin</u> STATE <u>Mo</u> | |
| 21. I attended the deceased from <u>Nov. 22, 1958</u> to <u>Dec. 13, 1958</u> and last saw her alive on <u>Dec. 13, 1958</u> Death occurred at <u>10:30 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>Kennett Mo.</u> | |
| 22c. DATE SIGNED <u>12-23-58</u> | | 23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>Dec 15, 1958</u> | | 23a. NAME OF CEMETERY OR CREMATORY <u>Gregory</u> | |
| 23c. LOCATION (City, town, or county) <u>Kennett Mo</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>McDaniel, Kennett, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-23-58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Hubert B. Baird*

Licensed Embalmer No. *4000*

P.O. Address *Tennett, 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.