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Public  
Service

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047335

STATE FILE NUMBER

FILED MAR 31 1958

Station District No.

107

Primary Registration District No.

5422

Registrar's No.

62

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Dunklin</b>		
b. CITY (If outside corporate limits, give TOWNSHIP and town) <b>Independence Township Kennett</b>			c. CITY OR TOWN <b>Senath</b>		
d. FULL NAME OF (If in hospital or institution, give name of institution) <b>H1-Way 25</b>			e. STREET ADDRESS (If outside, give location) <b>Rural Route</b>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>Orville J. Anderson</b>			4. DATE OF DEATH Month Day Year <b>Nov. 22, 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>Unknown</b>	9. AGE (In years last birthday) <b>Unknown</b>	10. FUNDING YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Labor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Big Flat, Ark</b>		
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>George Anderson</b>			13b. MOTHER'S MAIDEN NAME <b>Laurie Ann Morrow</b>		
14. NAME OF HUSBAND OR WIFE <b>Mary M. Anderson</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b>		
16. SOCIAL SECURITY NO. <b>429-20-5187</b>			17. INFORMANT <b>Billie J. Anderson</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>Crush injury chest</b>			INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. 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 COUNTY STATE		
21. I attended the deceased from <b>Nov 22 58</b> to <b>Nov 22 58</b> and last saw him alive on <b>Nov 22 - 1958</b> Death occurred at <b>9:00</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <b>Joe A. Zimmerman, M.D.</b>		
22b. ADDRESS <b>Kennett, Mo.</b>			22c. DATE SIGNED <b>25 MAR 59</b>		
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>11/26/58</b>		
23c. NAME OF CEMETERY OR CREMATORY <b>Gregory</b>			23d. LOCATION (City, town, or county) (State) <b>Kennett, Mo.</b>		
24. FUNERAL DIRECTOR <b>McDaniel Funeral Service, Kennett</b>			25. DATE RECD. BY LOCAL REG. <b>3-26-1959</b>		
26. REGISTRAR'S SIGNATURE <b>Paul H. Haskins</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 1988

P. O. Address Memphis

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.