

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30-000490
STATE FILE NUMBER

JAN 12 1959		Registration District No. <u>53</u>		Primary Registration District No. <u>3010</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Mounds</u>		d. STREET ADDRESS <u>315 N. McKinley St.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mounds</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospt.</u>				Length of stay in 1b <u>8 Days</u>		d. STREET ADDRESS (If outside, give location) <u>315 N. McKinley St.</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First <u>RICHARD</u> Middle <u>ANDERSON</u> Last <u>ANDERSON</u>				Month <u>January</u> Day <u>3</u> Year <u>1959</u>		IF UNDER 1 YEAR IF UNDER 24 HRS.	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 2, 1885</u>	
Male <u>Male</u>		Negro <u>Negro</u>		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		73 <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hostler</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Emery, Louisiana</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</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>332-03-4588</u>		17. INFORMANT Address <u>315 N. McKinley Mounds, Ill</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>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>C. Coronary Insufficiency</u>			
				DUE TO (c) <u>(2) Uriskia</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? 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 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>12-26-58</u> to <u>1-3-59</u> and last saw her alive on <u>1-2-59</u>				Death occurred at <u>3</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William M. Estes M.D.</u>				22b. ADDRESS <u>Cape Girardeau</u>		22c. DATE SIGNED <u>1-6-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/6/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Spencer Heights</u>		23d. LOCATION (City, town, or county) (State) <u>Mounds, Illinois</u>	
24. FUNERAL DIRECTOR <u>Edward H. Ruffin</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 9, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

JAN 18 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Edward A. Ruffin

Licensed Embalmer No..502
2501 Poplar Street
P. O. Address...Cairo, 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.