

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006476

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 246 Primary Registration District No. 435 P Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lilbourn</u>		c. CITY OR TOWN <u>Lilbourn</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>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Home</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Linda Sue Anderson</u>		4. DATE OF DEATH Month Day Year <u>March 1 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 10 1959</u>
9. AGE (In years last birthday) <u>21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
11. BIRTHPLACE (City and state or country) <u>Sikeson, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Ludie Guess</u>	
14. NAME OF HUSBAND OR WIFE <u>James Anderson-Lilbourn, Mo.</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 <u>James Anderson-Lilbourn, 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>Died without Medical attention</u> DUE TO (b) <u>Probably Pneumonia</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>7636</u>		INTERVAL BETWEEN ONSET AND DEATH	
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. Month, Day, Year p.m.		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 _____, to _____ and last saw her alive on _____ Death occurred at <u>10:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>H.L. Ronder - Deputy Registrar</u>	
22b. ADDRESS <u>Lilbourn, Mo</u>		22c. DATE SIGNED <u>3-2-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-2-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Simmons Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Catron, Mo.</u>	
24. FUNERAL DIRECTOR <u>Friends</u>		25. DATE RECD. BY LOCAL REG. <u>3-2-1959</u>	
26. REGISTRAR'S SIGNATURE <u>H.L. Ronder Deputy</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Death, Cancer, etc. must use only standard nomenclature in Part 18. No symptoms will be related. All diseases in Part I must be causally related.

STATE HEALTH CENTER

J. J.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.