

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

59-006642

STATE FILE NUMBER
30

FILED MAR 10 1959

Registration District No.

278

Primary Registration District No.

3054

Registrar's No.

30

1. PLACE OF DEATH

a. COUNTY

Pike

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)

Inside Limits

Yes ☒ No ☐

OR TOWN

Louisiana

c. CITY

OR TOWN

Louisiana

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Length of stay in 1b

10 years

d. STREET ADDRESS

(If outside, give location)

208 Culpepper

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

HARRY THOMAS ANDERSON

4. DATE OF DEATH

Month

Day

Year

March 1 1959

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED

NEVER MARRIED

WIDOWED

DIVORCED

8. DATE OF BIRTH

Sept 17, 1890

9. AGE (In years last birthday)

69

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Nursery

11. BIRTHPLACE (City and state or country)

Pike County Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

James H. Anderson

13b. MOTHER'S MAIDEN NAME

LEORA WORLEDGE

14. NAME OF HUSBAND OR WIFE

ANNA K. OSHEA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

484-07-0468

17. INFORMANT

ANNA K. ANDERSON

Address

LOUISIANA MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Artery Occlusion

INTERVAL BETWEEN ONSET AND DEATH

6 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio-sclerotic Cordes

DUE TO (c)

Vascular Des.

5 + 1/2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4201

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK

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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

6-20-58

to 3-1-59

and last saw him alive on 3-1-59

Death occurred at

1:23

P

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Chas H. Luehlen

(Degree or title)

M.D.

22b. ADDRESS

Louisiana, Missouri

22c. DATE SIGNED

3-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 4, 1959

23c. NAME OF CEMETERY OR CREMATORY

Eolia Cemetery

23d. LOCATION (City, town, or county)

Eolia Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sterne Funeral Home Louisiana

25. DATE RECD. BY LOCAL REG.

Mar 9-1959

26. REGISTRAR'S SIGNATURE

Bernie Culver

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.

APR 23 1961

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 *J. B. Altme*

Licensed Embalmer No. *4039*

P. O. Address *Louisiana*

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.