

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008322
STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp.		d. STREET ADDRESS (If outside, give location) 4 Miles N.E. Monett	
3. NAME OF DECEASED (Type or print) FLORENCE ETHEL ANDERSON		4. DATE OF DEATH Month April Day 1 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH July 17, 1886
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months 8 Days 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Lawrence County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James B. Foster		13b. MOTHER'S MAIDEN NAME Matilda Medlin	
14. NAME OF HUSBAND OR WIFE Clarence Anderson (Dec)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Jack Anderson		Address Monett, 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) malignant Lymphoma reticulum cell type and acute undifferentiated leukemia DUE TO (b) (Lymphoma present 4 mo) DUE TO (c) (Leukemia present 1 mo) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2002		INTERVAL BETWEEN ONSET AND DEATH	
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 4:15 Month 4 Day 1 Year 1959 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Monett, Mo.		20g. COUNTY Lawrence	
20h. STATE Mo.			
21. I attended the deceased from 12-29-58 to 4-1-59 and last saw her alive on 4-1-59 Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. D. Buchanan MD (Degree or title)		22b. ADDRESS Monett, Mo.	
22c. DATE SIGNED 4-3-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/4/59	
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) Monett, Mo.	
24. FUNERAL DIRECTOR J. D. Buchanan		25. DATE RECD. BY LOCAL REG. 4-4-59	
26. REGISTRAR'S SIGNATURE Mr. P. N. Cook			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. The symptoms were not unusual. All diseases in Part I must be causally related.

1955 6 Nov

DEC 6 1955

DEC 6 1955

DATE REC. 1-6-56

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. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.