

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009988  
STATE FILE NUMBER

FILED MAR 25 1959

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 46

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|  |                                  |   |   |  |  |   |  |
|--|----------------------------------|---|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Laclede</b>  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Lebanon</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY OR TOWN <b>Lebanon</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>707 1/2 Grant St.</b>   |                                  | Length of stay in lb <b>5 yrs.</b>  |   | d. STREET ADDRESS (If outside, give location) <b>707 1/2 Grant St.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>SILAS</b> Middle <b>Ebonezer</b> Last <b>ANDERSON</b>  |                                  |   |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>13</b> Year <b>1959</b>  |  |   |  |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>Jan. 27, 1878</b>   | 9. AGE (In years last birthday)<br><b>81</b>                             | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>                                      | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farmer</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>farming</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Carrolton, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Daniel Anderson</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Greenstreet</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>none</b>                               |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT Address<br><b>O.L. Bohrer, D.O., Lebanon, Missouri</b>  |  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thromboses</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cardiac Decompensation</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ |                                  |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 Min.</b><br><b>10 Min.</b>                   |  |
| 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.)<br><b>4201</b> |  |  |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. <b>3</b> p.m. <b>13, 59</b>   |                                  |   |   |  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br><b>Lebanon</b>   |  | COUNTY <b>Missouri</b> STATE <b>Missouri</b>  |  |
| 21. I attended the deceased from <b>3-13-59</b> to <b>3-13-59</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>D.O.A. 3-13-59</b><br>Death occurred at <b>8:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |  |  |   |  |
| 22a. SIGNATURE<br><b>O.L. Bohrer</b> (Degree or title) <b>D.O. 2</b>   |                                  |   |   | 22b. ADDRESS<br><b>LEBANON Mo</b>  |  | 22c. DATE SIGNED<br><b>3-15-59</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |                                  | 23b. DATE<br><b>3-15-59</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Macedonia</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Pulaski Co., Mo.</b> |   |  |
| 24. FUNERAL DIRECTOR<br><b>A.J. Shadd</b> ADDRESS <b>Lebanon, Mo.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-15-1959</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Hella L. Hays</b>                        |   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 18 1962

APR 19 1962

Date Filed  
MAR 23 1962

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 .....  
*[Handwritten Signature]*

Licensed Embalmer No. 3848  
P. O. Address... *[Handwritten 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.