

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020193

STATE FILE NUMBER

6224 Registrar's No. 120

FILED JUN 9 1959

Registration District No. 360 Primary Registration District No.

S. 300
v. 1-57
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1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#3		Length of stay in 1b HOSPITAL OR INSTITUTION 15 years	d. STREET ADDRESS (If outside, give location) 1080 R#3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mollie Diane Anderson			4. DATE OF DEATH Month Day Year May 24 1959		
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 10, 1880		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing Home Operator		10b. KIND OF BUSINESS OR INDUSTRY Nursing Home		11. BIRTHPLACE (City and state or country) Cedar County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Bigelow		13b. MOTHER'S MAIDEN NAME Miria		14. NAME OF HUSBAND OR WIFE C. A. Anderson, Deceased	
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. 486-42-3715		17. INFORMANT Address C. A. Anderson, Jr. R.#3, Nevada, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident					INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis					Unknown
DUE TO (c) _____					
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 Month, Day, Year a.m. 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 May 24, 1959 to May 24, 1959 and last saw her ^{her} him alive on May 24, 1959 Death occurred at Nevada, Mo. 5:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or title) <i>L. P. McCann</i> L. P. McCann, M. D.			22b. ADDRESS Moore Bldg., Nevada, Mo.		22c. DATE SIGNED 5/28/1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 28, 1959	23c. NAME OF CEMETERY OR CREMATORY Pankey Cemetery		23d. LOCATION (City, town, or country) (State) Cedar County Missouri
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 6-5-1959	26. REGISTRAR'S SIGNATURE <i>Arnold G. Ferry</i>		

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.

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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 *L. Ingles Ferry*

Licensed Embalmer No. *4960*

P. O. Address *Nevada, Minn*

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.