

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023862

STATE FILE NUMBER

FILED JUL 14 1959

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 67

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Taney</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Branson</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Branson</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>home</b>		Length of stay in lb <b>years</b>	d. STREET ADDRESS (If outside, give location) <b>106<sup>o</sup> 305 Okla.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS C. ANDERSON</b>			4. DATE OF DEATH Month Day Year <b>June 30, 1959</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 15, 1870</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 MRS. <b>88</b> Months <b>6</b> Days <b>15</b> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (City and state or country) <b>Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Myra Speers</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs Dewey Brittan, Branson, Mo</b> Address _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>prostate Hypertrophy</b> <b>2. Cerebral Vascular Accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH. <b>10 hrs</b> <b>24 hrs</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.) <b>610X</b>			
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 <b>Nov-5-1952</b> to <b>June 30, 59</b> and last saw him alive on <b>6-29-59</b> Death occurred at <b>6 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>W.C. Magnus, M.D.</b>			22b. ADDRESS <b>Branson, Mo</b>		22c. DATE SIGNED <b>7-2-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7-2-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Mem. Park Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Branson, Mo</b>
24. FUNERAL DIRECTOR <b>W.S. Cobb</b>		ADDRESS <b>Branson Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7/6/59</b>	26. REGISTRAR'S SIGNATURE <b>Helew Campbell</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Walter S. Gell .....

Licensed Embalmer No. 4731 .....

P. O. Address Brown 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.