

## FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025815

FILED VS AUG 11 1959 8

DED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 69

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DICKERSON TWSP.		Length of stay in lb 3 Mos.		c. CITY OR TOWN LEWISTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Prairie View Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXXXX		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First THOMAS Middle D. Last ANDERSON				4. DATE OF DEATH Month JULY Day 30, Year 1959			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/7/77	
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	
11. BIRTHPLACE (City and state or country) LEWISTOWN, MO.		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME THOMAS W. ANDERSON		13b. MOTHER'S MAIDEN NAME ELIZABETH FOWLER	
14. NAME OF HUSBAND OR WIFE LAURA ANDERSON		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. XXXXXXXXXXXX 497-03-3569		17. INFORMANT LAURA ANDERSON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident		DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 Month, Day, Year		Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 LEWISTOWN		COUNTY LEWIS STATE MISSOURI	
21. I attended the deceased from 0.0.75 Aug 1952 to 30 July 1959 and last saw him alive on 30 July 59				Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. With		(Degree or title) D.O.		22b. ADDRESS Lewistown MO		22c. DATE SIGNED 3 Aug 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/2/59		23c. NAME OF CEMETERY OR CREMATORY LEWISTOWN		23d. LOCATION (City, town, or county) LEWISTOWN, MISSOURI	
24. FUNERAL DIRECTOR Charles L. Arnold Jr.		ADDRESS Lewistown, Mo.		25. DATE RECD. BY LOCAL REG. 8-5-'59		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.