

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029629

FILED VS AUG 2 0 1959

Registration District No. 174 Primary Registration District No. 2035 Registrar's No. 63

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) Lexington			Length of stay in lb 48 hrs	c. CITY OR TOWN Lexington		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 24th & Main Sts.			Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2 miles Northeast of Lex.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First E. Middle Flavel Last Anderson				4. DATE OF DEATH Month July Day 3 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH Jan. 1, 1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 64 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.		11. BIRTHPLACE (City and state or country) Hewins, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Dr. Finis Anderson		13b. MOTHER'S MAIDEN NAME Margaret J. Watson		14. NAME OF HUSBAND OR WIFE Dotia Watts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 610-07-3896		17. INFORMANT Mrs. Dotia Anderson, Lexington, 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) Acute coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertension 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 sudden 2 years	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ 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		COUNTY STATE	
21. I attended the deceased from 7/3/59 to 7/3/59 and last saw her alive on 7/3/59 Death occurred at 4:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ben H. Beasly M.D.				22b. ADDRESS Lexington, Mo.		22c. DATE SIGNED 7/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 7, 1959		23c. NAME OF CEMETERY OR CREMATORY Machpelah		23d. LOCATION (City, town, or county) Lexington, Missouri.	
24. FUNERAL DIRECTOR Forest H. Stenzel, Lexington, Missouri		25. DATE RECD. BY LOCAL REG. 7-23-59		26. REGISTRAR'S SIGNATURE Wm. E. Gaskins			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 4 1959

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 _____

Licensed Embalmer No. 298

P.O. Address Felington

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.