URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032070
STATE FILE NUMBER

FILED VS OCT 13 1959

Registration District No. 728 Primary Registration District No. — Registrar's No. 1049

NDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove — Length of stay in 1b: Many years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Walnut Grove — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SUSIE Middle ELLEN Last ANDERSON
4. DATE OF DEATH Month Oct. Day 4 Year 59
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Feb. 3, 1881
9. AGE (last birthday) 78
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Near Bowling Green Ky.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Bray
13b. MOTHER'S MAIDEN NAME Mary Ellen Deatherage
14. NAME OF HUSBAND OR WIFE RAYMOND ANDERSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Alfred Anderson, W. G. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ASphyXIATION — INTERVAL BETWEEN ONSET AND DEATH: 3 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) MASSIVE HEMORRHAGE (PULMONARY) — 10 MIN
DUE TO (c) GENERALIZED METASTASIS CARCINOMA STOMACH — 30 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. ☐ Yes ☐ No ☐ Unknown

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 JAN 1952, to OCT 4, 1959 and last saw her alive on OCT 4 1959
Death occurred at 12:45 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. R. Davis (Degree or title) D.O.
22b. ADDRESS WALNUT GROVE MO
22c. DATE SIGNED 10/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 6, 59
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State) Walnut Grove, Mo.
24. FUNERAL DIRECTOR ADDRESS Brown - Sewell - Walnut Grove - Mo.
25. DATE RECD. BY LOCAL REG. 10-9-59
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUS 3E IGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.