

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034876

FILED VS SEP 16 1959

STATE FILE NUMBER **34**

Registration District No. **325** Primary Registration District No. **325** Registrar's No. **507718**

ENDED

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) Coffey Township		Length of stay in 1b	c. CITY OR TOWN Downing
c. FULL NAME OF (If NOT in hospital, give location) in field on farm		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Downing
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First William Middle Bryan Last Anders			4. DATE OF DEATH Month Sept Day 8 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 8-18-'96	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months 0 Days 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) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) rural Downing Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME John W. Anders		13b. MOTHER'S MAIDEN NAME Martha Jane Elston		14. NAME OF HUSBAND OR WIFE Elsie Anders		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Elsie Anders Address Downing Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hersheimer's Reaction		15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Two yellow jacket stings	15 min
	DUE TO (c) Extreme sensitivity to Bee Stings	10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		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	
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19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Two yellow jackets stung him on neck	
20c. TIME OF INJURY Hour 4:00 Month 9 Day 8 Year 1959 p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Field of his farm	20f. CITY, TOWN, OR LOCATION Downing	COUNTY Schuyler	STATE Mo.
21. I attended the deceased from 8/23/50 to 9/8/59 and last saw him alive on 5/22/59		Death occurred at 4:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Decede or title) Edward M. Roberts, M.D.		22b. ADDRESS Queen City, Mo.		22c. DATE SIGNED 9/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/12/59	23c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery	23d. LOCATION (City, town, or county) Queen City, Missouri	
24. FUNERAL DIRECTOR Jack Dooley		ADDRESS Queen City Mo.	25. DATE RECD. BY LOCAL REG. 9-12-59	26. REGISTRAR'S SIGNATURE F. W. G. Drake

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 6

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

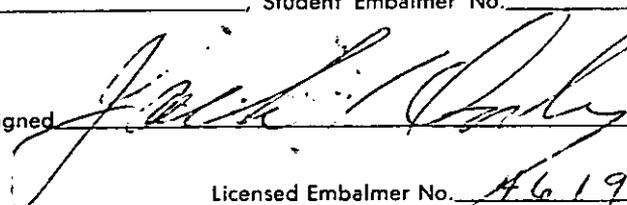
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4619

P. O. Address Durham City

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.