URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-035581

STATE FILE NUMBER

FILED VS OCT 29 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 293

ENDED

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b 35yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Penitentiary — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Herbert Middle Last Anderson
4. DATE OF DEATH Month Oct Day 22 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/1/98
9. AGE (last birthday) 61 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Jefferson County, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Not Known
13b. MOTHER'S MAIDEN NAME Notknown
14. NAME OF HUSBAND OR WIFE Not Known
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 Address Mo. Penitentiary, Jefferson City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Natural Causes - Exact Cause unknown. — INTERVAL BETWEEN ONSET AND DEATH Instant
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)
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.) Man died suddenly in prison cell. Investigation revealed natural causes possible Coronary condition.
20c. TIME OF INJURY Hour 2:50 p.m. Month, Day, Year 10/22/59
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.) Mo State Prison
20f. CITY, TOWN, OR LOCATION Jefferson City — COUNTY Cole — STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Cletus Adolb, Coroner Cole County
22b. ADDRESS 630 Adams St. Jefferson City, Mo.
22c. DATE SIGNED 10/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-25-1959
23c. NAME OF CEMETERY OR CREMATORY Kirksville College of Ost
23d. LOCATION (City, town, or county) (State) Kirksville Missouri

24. FUNERAL DIRECTOR ADDRESS Thorpe J Gordon, Jefferson City, Mo
25. DATE RECD. BY LOCAL REG. 25 Oct. 1959
26. REGISTRAR'S SIGNATURE R.P. Dorris, Mr. N Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DEC 22 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 r

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 1286

P. O. Address _____

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