

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040685

RECEIVED

FILED VS NOV 8 0 1959

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus		Length of stay in 1b 1 hour		c. CITY OR TOWN Crystal City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 328 N, 2nd St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 309 7th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ella Middle NMN Last Anderson				4. DATE OF DEATH Month Nov. Day 16 Year 1959			
5. SEX Female	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 12-30-1890	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Fulton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Watson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Paul 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. None		17. INFORMANT Address Mo. Paul Anderson, 309 7th St., Crystal 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) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension						13 years	
DUE TO (c) Arteriosclerotic heart disease						21 years	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE No <input type="checkbox"/> No <input type="checkbox"/> No <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 Hour 7:00 P. a.m. p.m. Month, Day, Year February 13, 1930							
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		COUNTY	STATE
21. I attended the deceased from February 13, 1930 to November 16, 1959 and last saw her alive on October 7, 1959 Death occurred at 7:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John F. Rutledge (Degree or title) M. D.				22b. ADDRESS Manns Bldg., Festus, Mo.		22c. DATE SIGNED 11-17-59	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 19, 1959		23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial		23d. LOCATION (City, town, or county) (State) Crystal City, Mo.	
24. FUNERAL DIRECTOR Vinyard Fun'l Homes, Inc., Festus, Mo.				25. DATE RECD. BY LOCAL REG. 11-17-59		26. REGISTRAR'S SIGNATURE Shirley A. Sigdon	

(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

Donald H. Vining

Licensed Embalmer No. *4688*

P. O. Address *Flat 2, 1*

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.