

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 7 4 8
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 396

RECEIVED

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
Length of stay in 1b DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If outside, give location) 3413 St. Charles St	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Casibel Middle Bernard Last Anderson			4. DATE OF DEATH Month 12 - Day 27 - Year 1959		
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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 2-6-1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk	10b. KIND OF BUSINESS OR INDUSTRY C.L. Downey Co.	11. BIRTHPLACE (City and state or country) Florida, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James Thomas Anderson	13b. MOTHER'S MAIDEN NAME Nellie Dooley	14. NAME OF HUSBAND OR WIFE Ethel Anderson
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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.	17. INFORMANT Address Ethel Anderson - Hannibal, Mo.
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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 occlusion		INTERVAL BETWEEN ONSET AND DEATH few minutes unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	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. <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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 Hannibal COUNTY Mo STATE Mo
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21. I attended the deceased from _____ to _____ and last saw ^{her}him alive on **12/27/59**
Death occurred at **9 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry H. Sweets Jr MD Coroner	22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 12/27/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-30-1959	23c. NAME OF CEMETERY OR CREMATORY Grand View Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal, Mo.
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24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home - Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. 12/29/59	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by William M. Netman
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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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo.

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.